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**THE PARADOXES OF SOCIAL CAPITAL: MOBILITY AND  
ACCESS IN AN APPALACHIAN COMMUNITY**

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This is to certify that the work contained within is entirely my own work. No part of the thesis has been submitted for any other degree or professional qualification.



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## **Abstract**

Appalachia can be both exquisitely breathtaking and socially tragic, it's a place to which many Americans trace their ancestry, and yet also it often seems forgotten. In the 1960s, the region was a major target area of the US government's War on Poverty. Once highly noted for its tremendous post-industrial era contributions to the world's timber and coal industries, subsequent changing economic demands and industry closures in the region have left many still living in a state of unforgiving poverty. The prevalence of counties living at or below the poverty rate, as estimated by the Appalachian Regional Commission (2015), has dropped from 295 counties in the 1960s to 90 in a 2009-2013 report. Despite this drop the region still greatly suffers due to high concentrated poverty, inadequate health care access, and unemployment. Poverty still demands attention, and scholars must understand its persistence. Many note the consistent lack of access to resources, both economic and social, as primary factors (Saegert, Thompson and Warren 2001; Blakeney 2006). Therefore, I draw on social capital and its underlying relational, social engagements as my main theoretical frame. I explore some of the sociological dynamics underlying Appalachia's persistent poverty. Through an artifact-based ethnography in a rural eastern Kentucky community, this thesis argues that the current understandings of social capital – as a mechanism to gain social or economic resources – is greatly influenced by the presence of stigma and this is most notably manifested through the readings of cultural artifacts.

This thesis' empirical data draws on ethnographic fieldwork that also included participant observation and 45 semi-structured interviews. I tried to understand the operation of social capital through the lenses of three key artifacts that seemed to me to

capture elements of poverty dynamics in the region: home, ‘welfare check’, and glucose meter. These artifacts were chosen because they allowed me to understand how mobility, access, acquisition, utilization, boundaries, and the role in which stigma affects all of these areas is presented. The fieldwork and interview data was understood and supplemented by examining official statistics, government documents, and literature focusing on the emergence and maintenance of the artifacts.

The thesis articulates the complicated notions surrounding social capital and how it is manifested through the usage and reading of these objects. Furthermore, this project illustrates how actors within and outside of the community affect the reading of the objects that results in the construct of physical and social boundaries. The findings for this thesis indicates the way in which individuals in communities and external agents understand resources and interact with potential resources for impoverished individuals in providing them access is negated by their reading of objects surrounding them and is affected by the stigma attached to such objects. Chapter 4 on the home examines the concept of rootedness and social mobility; how the strong kinship ties are both a response to and protection from the effects of poverty and stigma in the region. Chapter 5 on the ‘welfare check’ illustrates further the effect that strong bonding ties can have on impeding the development of bridging ties – most notably how fear or people’s reactions, are a response founded in stigma, potentially leads to the heavy reliance on an object which arguably perpetuates poverty. Lastly, Chapter 6 uses the glucose meter to examine the effect that stigma can have internally and externally to a community, thus resulting in inadequate access to health care.

The thesis’ key theoretical contribution lies in an attempt to develop an

understanding of some of the paradoxical ways in which social capital operates in an impoverished community, and more especially in a theorization of the role that stigma plays in our understanding of social capital. In order to explore this further, the thesis relies heavily upon the utilization of Robert Putnam's understanding of social capital and loosely on Pierre Bourdieu's understanding of inequality and its influence on social capital. Erving Goffman's notion of stigma is used to contextualize the conceptual employment of social capital and its relationship with the artifacts. Current social capital literature uses the presence of, or lack of, bonding and bridging capital in order to illustrate the amount of social capital a community has. However, I illustrate that this is heavily influenced by the presence of stigma.

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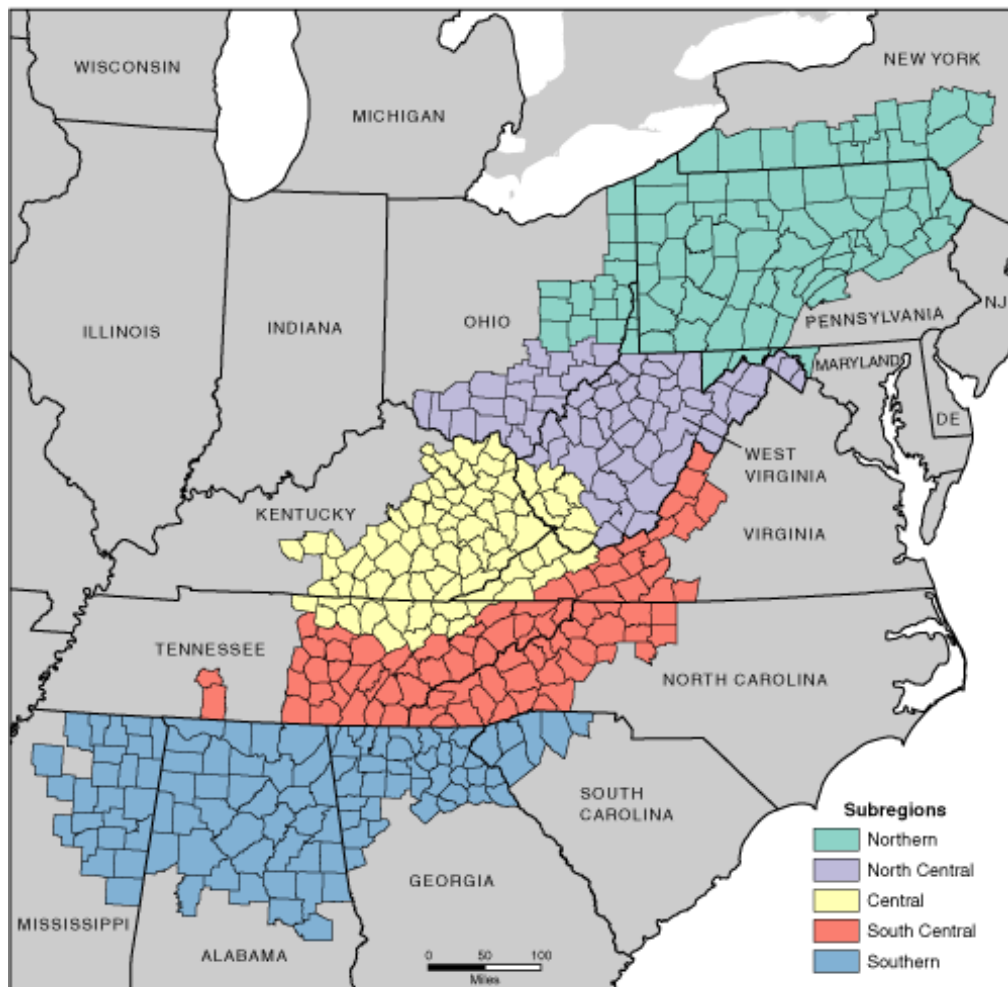
## **Chapter 1**

### **Introduction**

From my first time drive through the Appalachian region, I was fascinated with the people and their culture. Numerous sub-cultures create America, and Appalachian culture is discussed with a mix of awe, reverie, and confusion. This region has been the stage for tales of industrious men, strong women, and a group of people that refused to back down from any challenge. Dichotomous adjectives used to describe the region – beautiful and tragic – are oftentimes also used to describe the region's inhabitants.

Appalachia, one word that conjures many meanings; to Americans, Appalachia is a place, a people, a social standing, a link to ancestral heritage. To non- Americans it is rarely heard, but when heard, it evokes images of Scots-Irish settlement or pejorative terms such as hillbilly or redneck. The Appalachian region is one of the oldest regions in American history, yet it is still widely misinterpreted. It is renowned for its beauty – which drives its bustling tourism industry, but it is also an area that scholars still, largely, cannot agree on how to represent it or how to convey the entirety of its social dimensions. Before delving into the specifics of this project, I would like to catalog some of the major works in the Appalachian discourse. This project examines the relationship between stigma and social capital through the reading of cultural artifacts in the Central Appalachian region – in a town called Cedar Springs, located in eastern Kentucky.

**Map 1: Subregions in Appalachia<sup>1</sup>**



Map by: Appalachian Regional Commission, November 2009.

Appalachia serves as an excellent location to untangle concepts about social capital and stigma because the region and her people have struggled for many decades with inadequate access to resources and also the image that comes with being

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<sup>1</sup> Appalachian Regional Commission. 2009. Subregions in Appalachia.  
[http://www.arc.gov/research/MapsofAppalachia.asp?MAP\\_ID=31](http://www.arc.gov/research/MapsofAppalachia.asp?MAP_ID=31)

Appalachian. Appalachia is both beautiful and misinterpreted. It has given much to the world in terms of natural resources, but in the wake of its economic height, the region still lags economically and socially. I turn, propose that social capital can explain how people have missed out on opportunities to gain access, and how the stigma attached to everyday artifacts moderates this capital. Smith and Bylund (1983: 253) claim that Appalachia is both a geographic and social construct: “[i]n the minds of most Americans, the thought of rural Appalachia conjures up the imagery of abject poverty and untold human misery”. Furthermore, they claim that, “[t]o be an Appalachian is to experience a type of inequality that is not found in other regions” (Smith and Bylund 1983: 255). Their article illustrates that Appalachians feel that they are prejudiced against and are treated differently than other Americans.

Williams (1996: 3) asks, “[i]s Appalachia a real place, or a figment of the American mind”? He further claims that, “Appalachia is somehow set apart from the rest of the nation”(Williams 1996: 3). As this project will show, in many aspects, the answer to Williams’ questions is yes. Appalachia is different than the rest of the nation because the presence of stigma impacts Appalachians’ ability to acquire and utilize social capital in order to be socially and economically mobile.

The ways in which the rest of the population in the United States grapples with its understanding of Appalachia’s place in the greater narrative of American social issues has been around since the 1880s when it was ‘discovered’. Eller (1977: 74) indicates that “[t]he ‘discovery of Appalachia by local color writers, missionaries, and journalists...led to the formulation of certain popular images and ideas about the region”. Unfortunately, though “[s]ucceeding generations of Americans have periodically



rediscovered and redefined Appalachia... the static image has remained the dominant perception of mountain life” (Eller 1977: 74-75). Many of the initiatives attempting to remedy or understand social situations in the region, have done so with this background cultural knowledge – an incorrect yet persistent image of the region and its people. Billings (1982: 135) further states, “the regional entity developed in popular and scholarly consciousness” is one of the driving forces which has led to the creation of Appalachian Studies. He further claims that this is necessitated by the fact that, “the Southern mountain region has come to be mythologized... [and] sociocultural institutions, values, and practices in the mountains sometimes challenge and other times accommodate the dominant logic of capitalist development” (Billings 1982: 134). Additionally, “[s]ince the 1800s, people in the US have thought of Appalachians as an ‘other’” (Cooper, Knotts, and Elders 2011: 458). This is poignant since, as I show throughout this project, the social and geographic ‘othering’ of Appalachia and her residents assists in the perpetuation of stigma thus impacting the acquisition and utilization of social capital. Stigma and social capital are both understood through the examination of certain cultural artifacts. Foster and Hummel (1997) suggest that ‘othering’ Appalachia allows us to discuss it through comparison, thereby placing undesirable attributes of society at a safe distance.

Before I delve into the key foundational pieces of literature which help to understand current sociological issues in Appalachia, I would like to take a moment to discuss the War on Poverty. It was, for many, the pivotal moment when Appalachia transitioned from a self-sufficient region to one in which members became welfare-dependent. Many of the members of Cedar Springs cited the War on Poverty as the

turning point from Appalachians being proud of themselves and their community, to current generations being wholly dependent on various aids. This is instrumental because issues surrounding welfare, and the images used to depict the region have helped to perpetuate the stigma which is attached to the people and certain artifacts within the region.

### *War on Poverty: A Brief Explanation*

The War on Poverty was a monumental event in American history. Scholars and lay people alike argue that the War on Poverty was a double-edged sword in that it gave media coverage to Appalachia and some of the issues the region was facing; but it is also created the contemporary image of Appalachia and its residents and thus helped create the stigma attached to the region. In the 1960s, President John F. Kennedy and his successor, Lyndon B. Johnson, launched a war...the War on Poverty (The Miller Center 1997). There are numerous claims as to why the War on Poverty was initiated, but most relevant is where the battles of the War were fought, and what historical impact these battles had. John F. Kennedy came to Virginia in the early 1960s, and traveled throughout Appalachia during his campaign. While in the region, and particularly while in eastern Kentucky, Kennedy met with Harry Caudill (Stevenson 2012). Caudill, as I will show later, was instrumental in publishing one of the first contemporary monographs depicting Appalachia and the issues the region struggled with. I argue that this moment put the Appalachia that we know today on the social map, and that the images presented then are directly linked to our contemporary views.

### *Appalachia: a Literary Compilation*

I begin understanding how Appalachia is represented contextually through the

examination of foundational texts (Caudill 1963; Weller 1965) through to key sociological and ethnographic texts (Nesbitt 2000; Keefe 2000; Yankeelov 2015).

Caudill and Weller were instrumental in placing Appalachia on the map and in the minds of many Americans. Following their monographs, scholars have concluded that there is still much we need to learn to fully understand Appalachia. Harry Caudill was a native of and lawyer in eastern Kentucky. In the 1960s, he worked many cases that involved issues concerning the inadequacies of the coal mining corporations. After witnessing the destruction that was occurring in his community, he decided to write, *Night Comes to the Cumberlands: A Biography of a Depressed Area* (1963). Caudill's (1963: x) "purpose... [was] to trace the social, economic, and political forces which produced the vast 'depressed area' of eastern Kentucky". Rather than providing sufficient evidence of the causes of the economic, social, and political climate of the region, it is comprised almost entirely of victim-blaming and scapegoating. While in the field, scholars indicated that it was a must-read; while community members indicated that it was a book that did more damage to the region than anything else. Residents felt so strongly that descendants and relatives of Caudill were met with distaste and avoided. Caudill (1963: x) claims that his monograph is "drawn from experience from seeing, hearing and working with mountaineers". However, throughout the book, Caudill (1963) paints the 'mountaineers' as "simple people lacking complexity" (39); sexually promiscuous (78); viewing family relations as archaically gendered (80); lacking morality and choosing to live among "mounting piles of debris" (1963: 187); and illiterate and choosing not to attend school (284). *Night Comes to the Cumberlands* is entirely comprised of Caudill's notes on his experiences; the 'mountaineer' – as he refers to native Kentuckians – is nowhere to be

found within the manuscript. And, there are no secondary sources to support his claims. He briefly notes that the economic and political climate is problematic because there are high levels of poverty in the region; however, that is correlated with the management of the coal mines. In following years, the closing of the coal mines – the main industry in the region – has resulted in the continuation of this poverty. Fifty-two years later, Caudill's depiction of the region still overshadows much of what the region has to offer.

Two years after the publication of Caudill's influential book, Jack E. Weller's *Yesterday's People: Life in Contemporary Appalachia* (1965) emerged. This book propagates the more romantic notion of embracing the region and its people. In the foreword, Harry Caudill claims that Weller "has analyzed the Appalachian mind"; that he deals remarkably with "the end result of initial backwoods intransigence followed by generations of isolation, poor schools, and governmental neglect" (Caudill in Weller's 1965: xvi). Weller reads more softly than Caudill, but still blames the victim. He indicates that the region is encapsulated within a culture of poverty and that the 'mountaineers' lack the opportunity or the intellect to affect their situation. Weller sometimes hints at the effect of social capital, mentioning instances where networks – and not material resources alone – determine social mobility. This useful conceptualization is quickly contradicted by portrayals of the 'mountaineer' as unaware of his situation and the outside world, and primarily adopting a 'poor me' (fatalistic) attitude. Just like Caudill, no secondary or primary sources are cited to substantiate his claims. He provides a thorough reading of books – which he refers to but does not cite – that focus on poverty and the changing climate in the United States; but, when placed in conversation with his topics, the dialogue seems vague and does not substantiate any

claims he is making.

Much has been written about the Appalachian region since the 1960s, mostly during the 1980s and 1990s; but it is not until the late 1990s that we start to see a shift in the frameworks of the authors who are constructing these pieces. Much scholarly work on Appalachia is by historians, sprinkled with some anthropological work, and sociology. In the following decades, the public witnessed a plethora of books such as, Drake's (2001) *A History of Appalachia*, Williams' (2002) *Appalachia: A History*, and Straw and Blethen's (2004) *High Mountain Rising: Appalachia in Time and Place*. Many of the books I read concentrated on the history of Appalachia: how the region was settled, who were its inhabitants, and what were their practices. Later texts, primarily in the 1980s and 1990s, concentrated on the migration of Appalachians to urban areas – in response to the declining coal mines, and the lack of industry in the area. Caudill and Weller, arguably, had placed Appalachia on the map in the sense that their monographs were widely read and brought attention to the region. As a result, organizations such as the Appalachian Regional Commission (ARC) were founded. However, sociological analysis is often lacking. This is one area that this project contributes to.

Many contemporary scholars (Duncan 1992; Thorne, Tickameyer, and Thorne 2004) assess Appalachia's current economic and social situation as an unfortunate product of America's insatiable appetite for continual growth and prosperity. For example, Duncan (1992) explains the persistent poverty in Appalachia by suggesting that as the rest of America continued to change – to further push industrialization, commercialization, and globalization – the opportunities, which allowed the rest of America to do this, were not present in Appalachia. She indicated that the changing

attitudes towards employment and the economy were best suited for urban areas, not rural Appalachia. At one point in American history, the Appalachian region was seen as a vital source for the rest of America – and the world – because of its abundant natural resources. But as times changed, and the employment environment in Appalachia stagnated, so too did the connection of seeing Appalachia as a part of America – it became part of America’s past, our sturdy roots and not our modern well-being. Eller (2008: 221) further states that, “[a]n inadequate tax base, a low- wage economy, environmental abuse...[and] political corruption” led to the Appalachia that we see today. Batteau and Obermiller (1983: 1) discuss the transformation of dependency by stating that, “[t]he paradox of Appalachia is that it has always combined opposed images of America’s self-definition”. They further state that, “[e]very succeeding statement of the identity of Appalachia has posed a challenge for the identity of America: [a] land of progress containing an entire region of backwardness and poverty” (Batteau and Obermiller 1983: 1). National policies have not considered how to tailor progress for rural communities, causing a higher dependence on welfare. This also creates conflict in how Appalachians are seen by themselves and the rest of America, because it is a region that is characteristically known for strong, sturdy, hard-working individuals.

Such a high amount of poverty and reliance on government assistance programs belies this cultural heritage to outsiders. Community members see it as a reminder of how much they’ve given and yet how little has been put back into the region. Throughout the generations, Appalachians self-admittedly, have lost the independence that older generations fondly recall. Current generations speak of welfare as accepting the situation because they do not know how to address it.

Dwight Billings and Kathleen Blee are the two most prominent sociologists writing on Appalachia. Billings specializes in rural poverty and Appalachian studies, among other specialties, and he has been the most instrumental in providing a structured, analytical, and well-rounded view to issues in the region. ‘Culture and Poverty in Appalachia: A Theoretical Discussion and Empirical Analysis’ (Billings 1974) offers a counter argument to the popularized ‘culture of poverty’ theory – which claims that poverty exists because of the attitudes that individuals have towards poverty rather than lack of access to resources. ‘Appalachian Studies, Resistance, and Postmodernism’ (Banks, Billings, and Tice 1993) reviews the emergence of Appalachian Studies and its shifting reliance in postmodernism to examine social issues in the region. *The Road to Poverty: The Making of Wealth and Hardships in Appalachia* (Billings and Blee 2000) examined various theories, such as culture of poverty and dependency theories to locate the origin and perpetuation of poverty within the region. Lastly, ‘Social Origins of Appalachian Poverty: Markets, Cultural Strategies, and the State in an Appalachian Kentucky Community, 1804-1940 (Billings and Blee 2004) examines the emergence of poverty in the region as a result of slavery, and a lack of capital diversification. These are examples of Billings’ involvement in orchestrating a deeper and wider breadth of understanding of contemporary Appalachian culture. Billings relies heavily on social theory to deconstruct what has been previously written on the Appalachian region; but in addition to this, many of his works draw on other authors, provides relevant statistics, and an examination of organizations pertinent to the piece to fully flesh out what is being analyzed. While his theoretical analysis aids in the understanding of Appalachia, this project moves beyond the theoretical and provides more empirical data.

Nesbitt's (2000) article examined the difficulties of conducting ethnographic research in an area where one originates. In displaying the breadth and depth of the difficulties in creating proper ethnographies, he also draws on the previous ethnographic works of Campell (1921), Kephart (1913), and Semple (1913) to illustrate that they were some of the, "first scholarly attempts to contextualize both the cultural and physical geography of the region" (Nesbitt 2000: 49). While written almost 100 years ago, the stigma presented in the earliest ethnographic literature is still very present in contemporary conversations. Nesbitt further claims that many of these original pieces reinforce Appalachian stereotypes, and therefore he wanted to create an ethnography of the region by someone who was from the region. Additionally, Appalachia was placed back on the map in the 1980s because Nesbitt claims that it was not until then did ethnographic accounts emerge (Nesbitt 2000: 49- 50).

It is in these absences and silences that this project is situated. While Yankeelov et al. (2015) used photo voice to examine the impact of diabetes within a community, I know of no other work where Appalachians personally represent Appalachia and its social issues. Therefore, this thesis seeks to challenge current and long-held tropes of Appalachia by examining the region more empirically. A data- driven approach offers a rich and nuanced qualitative understanding of current social issues, as it is based on semi-structured interviews, participant observation, and ethnographic fieldwork.

I asked both professional academics and community members how they would understand their culture and convey it to outsiders. Nearly every conversation I had suggested objects: quilts, food stuffs, ginsenging (sengin), 'welfare checks', and many other cultural artifacts. While conducting preliminary fieldwork, I noticed very stark



differences between academics and what I call semi-outsiders – individuals who might be from the region, but do not reside in the rural communities which are usually characteristic of the region. A semi-outsider might be someone from Virginia, but who lives in an urban or suburban area in the region. Semi-outsiders are familiar with the general culture known as Appalachia, may engage in activities to assist residents in the rural parts of Appalachia with social issues, but they remain significantly culturally removed and unaware of the conditions in which Appalachians live in. I saw this altruism as being interlaced with elements of stigma, which affects and potentially impedes the acquisition, understanding, and utilization of social capital.

A common example of this was when a semi-outsider indicated that in order for me to begin to understand contemporary Appalachia, my research should examine materials found in the area. I agreed, but was admittedly shocked when the materials that were presented to me were created in the 1960s. They were films, for example, that showed a man making a rocking chair from a single tree using nothing but his hands and rudimentary tools. Or a woman who made quilts for a living. They were books such as Caudill's (1963) or Eller's (1965). I was told by practitioners and professionals in various fields that in order to understand Appalachia I needed to research quilts, folk medicines, folklore, food items such as apple butter, and other similar items. Being an outsider myself, I took notes on these materials and remained as open-minded as possible; but I became skeptical once I spoke with community members. In 'Cedar Springs', a community which I have renamed for the purpose of anonymity, I was met with laughter when I told them what individuals, even scholars, told me to look for in order to better understand Appalachian culture. This was the first time that I began to

see that there might be another way to view Appalachian culture: the academic, outsider, romanticized notion of Appalachia, and then as opposed to the local's experience of it, someone who, as would remain consistent in my fieldwork, seemed voiceless in scholarly work.

When I first started conducting interviews, gathering preliminary information to guide my research, residents continued discussing objects, and very real social problems that felt current and exceptionally important. During this time, I began to think about the power that objects have: how they highlight social issues, convey ideas and values pertinent to community members, allow sensitive subjects to be discussed, and to give residents power and agency. These notions concretized the need for an artifact-based ethnography in Cedar Springs. Topics surrounding welfare, health, and homes were strewn throughout interviews and casual conversations. Based on the feelings and thoughts associated with these themes I knew the artifacts chosen would need to be representative of these conversations. I therefore chose the home, 'welfare check', and diabetes glucose meter. Therefore, my research question developed into understanding the correlation between these three objects and their actualization, or manifestation of social issues within the region and how in understanding these issues they call for a more nuanced understanding of social capital and its relationship with stigma. These objects allowed me to see something important about Appalachian culture as it is lived and experienced today.

A critical review of the literature, focusing mainly on works by Robert Putnam and Pierre Bourdieu, will help to discern the complicated and intricate relationship that these artifacts and social capital share. Putnam offers keys insight into understanding

American communities and social capital, whereas Bourdieu elaborates dynamics of social capital. Both these and other scholars suggest how values, attitudes, and the construction of social networks are cemented in generational acquisition of social capital. This project focuses on the mechanisms of social capital – “connections among individuals [which are] social networks and the norms of reciprocity and trustworthiness that arise from them” (Putnam 2000: 19). As will be shown throughout the thesis, social capital, with its emphasis on reciprocity and networks is essential to understanding elements of social and economic mobility (Portes 1998; Coffé and Geyes 2007; Growiec and Growiec 2010). It is not to be confused with cultural capital – “the impact of cultural reproduction on social reproduction” (Lamont and Lareau 1988).

Bourdieu, who popularized the notion of cultural capital, claims that different classes are exposed to different elements of society – most notably he talked about the arts and food. He suggests that individuals reproduce their tastes because of their exposure and therefore if they are not exposed to it then they will never obtain it because there aren't any mechanisms in place to foster the desire for those elements of social life (Bourdieu 1984). He claims this by saying, “[t]he distribution of the different classes ... runs from those who are best provided ... to those how are most deprived” (Bourdieu 1984: 287). For example, it can be argued that the elite class prefers to go to the theater whereas the lower classes prefer wrestling. These activities are linked to what is considered desirable within the broader society. Social capital works on the principle that people may move through the different classes by engaging with characteristics associated with bonding and bridging capital, the two capitals that constitute social capital, in order to gain access into various networks and tap into those resources. They

are similar, but not the same. I chose to only use social capital because the elements of networks and bonds are what appeared to continuously be present; and according to Bourdieu social capital can be profitable and may help us to understand its place in Appalachia, “social capital, [which is] made up of social obligations [such as networks and] (“connections”), [may be converted], in certain conditions, into economic capital” (Bourdieu 1986: 16). Further, without ultimately knowing the mechanisms through which social capital operates, we won’t be able to fully understand the influence it has on other capitals. The artifacts: a home, ‘welfare check’ and glucose meter serve to illustrate the various conversations around social capital within a rural Appalachian community, particularly the relationship between social capital and stigma which has not previously been discussed in the literature. Putnam (2000) demonstrates a quantitative shift in the engagement level, and thus cohesion, of American communities. Putnam is credited with taking Mark Granovetter’s notion of social networks – known as strong and weak ties – and expounding on it. The concept is reduced to understanding ties as bonding and bridging capital.

Semi- and traditional outsiders were not welcome to these artifacts, but the community members of Cedar Springs supported them because it gave them the opportunity to discuss their community, their region, and their concerns. I can recall fondly several residents welcoming me into the community because they liked me, not for my personality, but for my approach as a researcher. They indicated that out of at least three decades of researchers coming into the area, I was the first to ask them to tell me about their community rather than prescribing certain notions. This project, therefore, gives Appalachians a voice and visibility. Furthermore, it illustrates how

objects (artifacts in this project) are both real and tangible, and embodiments of social values, norms, and mores which convey notions of a culture. I use them to understand the relationship of social capital to themes such as social mobility, economic mobility, and access to health care. This project distinguishes itself by examining social capital qualitatively, and not quantitatively – usually through the means of measuring community involvement as previously and popularly understood (Putnam 2000; Brisson and Usher 2005; Coffé and Geys 2007; McKenzie 2008; Cheung and Kam 2010; Growiec and Growiec 2010; Hofer and Aubert 2013; Recker 2013; Berardo 2014; Patulny, Siminski and Mendolia 2014). Lastly, and relatedly, this uses an artifact-based ethnography to examine what the artifacts tell us about the community, while allowing them to position themselves as mediators in the conversations held. They allow us to discuss with community members about the notions of social mobility, economic mobility, and access to health care, rather than limiting our understanding of the population to a purely consumerist view.

I chose early on to conduct ethnographic fieldwork, accompanied by semi-structured interviews and participant observation. After conducting my pilot research and the first interviews, I knew without a doubt this methodological framework fit this project. I conducted a total of 45 interviews; but analyzed 44 because one interview could not be properly transcribed. I did not have a set number of interviews that I planned on conducting, but stopped after 45 because I had reached saturation. To address the significance of the artifacts, I began each interview by asking the participant to tell me about their community or Appalachian culture. Typically this would cause the interview participant to begin discussing one or more of the artifacts. I would probe for

further detail and inquire about any artifacts that the interview participant did not address of her or his own volition.

I noticed re-occurring patterns and themes, and allowed this information to guide my literature review and theoretical framework. The over-arching theory is found within Robert Putnam and Pierre Bourdieu's understandings of social capital. It is imperative to look at social capital and its relationship with stigma in an area such as Cedar Springs through artifacts because they illuminate the presence or absence of mechanisms affecting an individual's social mobility. 'Welfare check', the phrase used by my respondents, will be used in this thesis to describe any type of assistance to members in the community. Chapter 5 further discusses this term and its implications. To better understand social capital, it must first be acknowledged that it is comprised of two elements: bonding and bridging capital. Bonding capital helps you 'get by'; whereas bridging capital helps you 'get ahead'. These are important elements to know because they showcase different levels of resources and accessibility; and more importantly in this thesis, I show how this is affected by stigma.

Putnam claims that social capital can affect health, education, and the economy; but he examines these concepts by looking at involvement. His approach falls short in that it claims social capital as an effect. I move beyond this and claim that how it operates and appears are not always as clear as Putnam indicates in *Bowling Alone*. By affect and effect I refer to the notion that we can understand or view the presence of social capital by examining its effects on people within a community; but also, if we fully understand the various ways social capital can be used then we can understand it as

an affect and make concerted efforts to use its positive elements to help communities that are socially and economically disadvantaged. I illustrate in this project that social capital can be a tool and a product, component in the relationships between social capital and social issues, such as social mobility, economic mobility, and access to health care. Putnam also gently elides that social capital, which is at the heart of community, while usually considered positive, may not be wholly so. This project further illustrates that social capital has both a negative and positive component; additionally, the relationship between social capital and social issues is further nuanced in that it is not an ‘either/or’ relationship, but rather a delicate continuum. This concludes that if we understand both sides of social capital (how it is generated, and how it impacts social relations) then we can use this knowledge to try and help disadvantaged members of society.

The artifacts studied here indicate that many of the effects of social capital on economic, social mobility, and access are not strictly confined within the span of several generations – as Bourdieu claims. Our understanding of Bourdieu would lead to the conclusion that it takes several generations for the most micro of changes to occur in the acquisition and utilization of social capital – particularly how that affects one’s social and economic mobility. Instead, my findings indicate that the meaning of resources is not constant across generations. Understandings of a resource’s value and aspirations to change one’s social standing can emerge in far less time. This is understood after reading Bourdieu’s (1973) which examines the concept of intra- and inter-generational mobility and its relationship with cultural and social reproduction. Furthermore, many of an artifact’s social aspects do not manifest at the same time, nor with the same purpose. For example, it might be seen as positive for families to live close together –

something seen immediately and longitudinally; but creating such strong kinship bonds might deter younger generations from accessing higher education or employment because of the distance from family (something seen as potentially negative and immediately). Bourdieu's understanding of generational transference, or acquisition, in regards to capital is used sparingly throughout this project. His concept is useful because it challenges the all-inclusive idea that aspects of Appalachian culture are presented in contemporary conversations because they have been cultivated longitudinally over the course of several generations. As will be seen in the subsequent chapters, elements of the community – particularly their values and mores – stem from generations-long cultivation of these ideas. However, the push and pull factors which are embedded within the artifacts and the more nuanced understanding of social capital suggest that elements of the issues discussed germinate and flourish rather quickly, sometimes from generation to generation. I make no claim to be a Bourdesian, but maintain that his understanding of social capital transference and acquisition can help to better understand my data.

Themes of networks, boundary-formation, trust, community involvement, establishment of connections outside of the community, and resources indicated that the artifacts cast conversations about social capital. The social issues that were discussed challenged Putnam and Bourdieu's understandings of bridging and bonding social capital. As a result, this project addresses the need for a more nuanced understanding of social capital – particularly in regards to bridging and bonding capital. I take this nuanced understanding further than previous works on social capital, or the region, by identifying what kinds of social capital are present and also how to harness them as



social tools. Social capital is both a product of social relations, and an input into a much broader social equation. This notion is further explored by drawing upon theoretical understandings from Erving Goffman to bolster ideas and themes, which surfaced while examining social capital in Cedar Springs. I highlight underlying themes of structural functionalism, symbolic interactionism, and the dynamics of structure and agency throughout the thesis. Putnam and Bourdieu offer a macro-level analysis of social capital, how it manifests and orchestrates social events within Cedar Springs. Goffman is used to analyze how stigma and marginalization accrue as a result of the value attached to these objects. This allows for a more nuanced conversation between social capital and marginalization internally and externally within a community, which helps to crystalize the relationship between social capital and stigma.

The key contributions of this project are as follows. I offer a more nuanced understanding of social capital for future researchers to elaborate. There is a need to move from identifying what kinds of capital are exhibited in social settings. Data from this project indicates that the future of social capital is to move beyond description and understand it as a tool and a skill that can be taught and used within all social settings; it is not a resource of the elite (as often read throughout various studies – individuals who have high amounts of social capital usually do so because they have access to varied social and economic resources already), but rather a resource for everyone and is not limited to generational acquisition, but can be acquired in the short-term. Data from this project also highlight the various levels on which social capital can be used, how it can be both positive and negative, and how it impedes or presents conflicts in a community's identity.

This thesis consists of six key chapters. Chapter 2 lays the theoretical and definitional foundations. It reviews the existent literature to illustrate the relationship between stigma and social capital, and provide information about the present social scientific understanding of artifacts. Chapter 3 focuses on the methodological framework, the rationale behind it, its shortcomings, research ethics, and how the final fieldsite was chosen. Chapter 4 argues that the home, particularly the mobile home, is seen as both mobile and immobile in terms of social mobility and rootedness. Chapter 5 examines the ‘welfare check’ and its relationship to the reliance on government institutions and the breakdown of community trust. Chapter 6 explores the diabetes glucose meter and discusses notions of access to health care and inability to access resources innate to the community. The three artifacts are understood independently, but as the project progresses we see that they also interact. Chapter 7 concludes by tying the themes presented in Chapter 1 together with those of subsequent chapters, 4 through 6. Before detailing aspects of the methodology and the findings, I would like to take a moment to further explore the theoretical framework employed in this project.

## **Chapter 2**

### **Theoretical Tangibility: Putnam, Bourdieu, Goffman, and Cultural Artifacts**

This project seeks to shed light on the complex ways in which the cultural and social practices, around three artifacts – the home, the ‘welfare check’, and the glucose meter – enable an empirical understanding of how social capital and stigma work in an Appalachian community. In doing so, I draw from, but also challenge, aspects of two broad conceptualizations of social capital, the first one whose lineage runs from Robert Putnam and the other which derives from the work of Pierre Bourdieu. This project, therefore, draws primarily on Putnam and Bourdieu’s work on social capital to help understand and interpret the ways in which it works within this Appalachian community. It uses cultural artifacts as social lenses with which to view socio-economic mobility and access. More specifically, I explore the various avenues for the potential of acquiring social capital as manifested in cultural reactions and responses to three artifacts, as well as their potential for creating social marginalization through limited and often disconnected opportunities. While Putnam and Bourdieu offer macro-level frameworks for interpreting my fieldwork data, I draw also on Erving Goffman’s sociology of stigma to complement this with micro- level analysis. Here I focus in particular on how stigmatized artifacts allow us to glimpse the ways in which certain kinds of social capital might also serve to marginalize and impact social mobility within and outside of the community.

As we will see, my data suggests that Putnam is challenged on his concentration on bonding capital and the cyclical claims he makes of social capital throughout American history (Putnam 2000: 25). The fieldwork data I gathered illustrates that

bonding capital, as Putnam conceives it, has not disappeared, but has merely taken on different shapes and manifestations – with important consequences. This is further illustrated in the community, and by examining this allows us to understand the complex nature of bonding capital, particularly the differentiation within bridging capital and how it can be established through informal organizations.

My ethnographic findings also challenge a particular argument in Bourdieu. By investigating the ways in which bridging capital works within a historically marginalized community such as Cedar Springs, I hope to contribute something to Bourdieu's argument on the role of social and cultural capital in the reproduction of inequality. He claims that individuals only reproduce the kinds of capital, or levels of social capital that they are exposed to. In doing this, they do not seek to access more social capital because they have not been socialized to do so. If they do desire to acquire more social mobility, then this can potentially occur; but Bourdieu claims that this would take several generations (Bourdieu 1973). While elements of this are true, people may choose to live in communities like Cedar Springs; a closer examination suggests that this is actually a coping mechanism. According to Bourdieu (1986: 21) social capital "is the aggregate of actual or potential resources...or membership in a group". I draw upon Bourdieu's notion of social capital, as resources and membership, and explore it as it pertains to bridging capital; and in particular how the capital is accumulated throughout different generations.

Individuals do desire social and economic mobility, however, that desire and ability to access such mobility is predicated on the understanding of social capital. In examining this idea, I look at the influence of bridging capital within a community.

Both Putnam and Bourdieu's understandings of social capital and its influence on communities and social mobility might be further problematized by considering the interplay of social capital and 'stigma', and how the latter becomes a push and pull factor for the acquisition and manifestation of social capital. My argument is that the ways in which social capital is acquired and understood would benefit from a better theorization of how stigma can become a highly influential component in its manifestation within a community. Therefore, the ultimate theoretical contribution of this project lies in its examination of the interplay of stigma with social capital.

This study is principally concerned with understanding elements of Appalachian distinctiveness within the wider American cultural context. As the substantive chapters that follow will show, a particular cultural transition around social mobility is noted, and more specifically, a transition from a historic sense of local self-sufficiency to one characterized by trans-generational 'welfare- dependency'. In other words, the working poor gradually came to be seen – and came to see themselves – as the 'welfare poor'. And with this shift in status and its implications for social mobility, there also came a deepening social stigmatization. I therefore draw on Bourdieu to better understand the social processes associated with trans-generational mobility, or trans-generational welfare dependency; and I draw on Goffman to assist in theorizing the associated stigma that came with this change in social status

This chapter discusses social capital especially as theorized by Putnam and Bourdieu. I focus on these scholars to provide a foundation with which to begin understanding social capital and how it is displayed in Cedar Springs. I first discuss the history of social capital in the literature in the section 'Paradoxes of Social Capital'

before moving into the next section entitled ‘Kinship and Place’; in doing this, I take a moment to highlight the importance of understanding kinship and sense of place. These two elements are important because they allow us to understand how individuals within Cedar Springs – and arguably other communities in Appalachia – moved from being self-sufficient to being seen as ‘welfare dependent’. I then move to discuss Putnam, who argues that social capital has almost disappeared in American society. Bourdieu claims that individuals can be disadvantaged in acquiring social capital, resulting in social and economic immobility. I explore this first in connection with Putnam and what I refer to as the ‘dark side of bonding capital’, and then in connection with Bourdieu and the unequal reproduction of bridging capital. I conclude with a discussion of the ways in which Goffman’s micro-sociology of stigma might allow us to see things otherwise missed by a narrow focus on the macro dimensions of social capital. Lastly, I draw on Goffman’s teachings to help draw the connection between stigma and social capital.

### **The Paradoxes of Social Capital**

The term ‘social capital’ originated in the early 20th century (Hofer and Aubert 2013), and since then, scholars have been trying to understand its place in society. Most of the research which examines social capital – particularly the components of bridging and bonding – have done so quantitatively by measuring the networks to which people belong and the amount of trust present (Onyx and Bullen 2000; Brisson and Usher 2005; Coffé and Geyes 2007; Mc Kenzie 2008; Carmeli et al. 2009; Beaudoin 2009 & 2011; Cheung and Kam 2010; Menahem, Doron and Haim 2011; Marin et al. 2012; Hofer and Aubert 2013; Kishimoto et al. 2013; Recker 2013; Adrianzen 2014; Zhang and Anderson 2014; Berardo 2014; Guo, Li and Ito 2014). These scholars have shown primarily

quantitatively how bridging and bonding social capital are manifested within communities, but I am more interested in their usage. In Adrianzen (2014), he indicates that bonding capital can have a profound impact on decisions made within a community. Zhang and Anderson (2014: 35) bolster the need to understand not only the accumulation, but “its nature and function”. Therefore, this study moves beyond a quantitative catalog of social capital accumulation to a qualitative and functionalist perspective in understanding the ways in which social capital is a cause of and an effect of mobility and access. My study attempts this by ethnographically examining social capital through the lenses of particular artifacts, rather than by assessing attitudes or measuring levels of social involvement in a community through various civic and social organizations, as much previous work has done. Social capital is usually conceived in terms of its numerous benefits to society. For instance, scholars often note that “social capital promotes social support, boosts physical health, improves academic performance and increases job contacts” (Beyerlein and Hipp 2005: 995; cf. Granovetter 1985; Pong 1998; Hulbert, Haines and Beggs 2000). According to Portes’ interpretation of Bourdieu’s work, “[s]ocial capital of any significance can seldom be acquired...without the investment of some material resources and the possession of some cultural knowledge” (Portes 2000: 2).

Portes further argues that social capital is used to control, that it is based on family-mediated benefits and a network source of non-family networks (Portes 2000: 2 cf. Portes 1998). However, Portes (2000: 3) also insightfully suggests that “[t]he heuristic values of the concept [of social capital] suffers accordingly as it risks becoming synonymous with each and all things that are positive in social life”. According to de

Souza Briggs (1997: 112), “[s]ocial capital is the stuff we draw on all the time, through our connections to a system of human relationships, to accomplish things that matter to us and to solve everyday problems”. On this understanding, social capital is predicated on, and influenced by, our understanding of various social relationships. As a result of social capital being “stored in social relationships,...[it] is organized...along the very fault lines that relationships, neighborhoods, and social participation often are in our world”; therefore, “social capital is about active, social choices and concrete mechanisms that connect people” (de Souza Briggs 1997: 114- 117). Research indicates that social capital is similar to a sociological verb, in that individuals are most concerned with what it does, and not only whom it affects (McKenzie 2008; Hofer and Aubert 2013; Zhang and Anderson 2014; Berardo 2014). This is particularly true in regards to the connections, the transference, and the networks that are established as a result of social capital. Social capital, as I conceive it, is the resources and networks that an individual accrues, but that may be both beneficial and/or detrimental.

Social capital is comprised of two elements – bridging capital and bonding capital. Bonding capital is the result of networks and resources maintained between small, homogenous groups who share various similarities, such as socioeconomic status, educational attainment, gender, or even how they are spatially associated, such as neighborhoods. Bridging capital, on the other hand, “is inclusive and occurs by the formation of either weak ties between people from different networks” (Hofer and Aubert 2013: 2135). As we will see in an examination of Putnam and Bourdieu’s use of social capital, bridging and bonding help to understand certain dimensions of social change in American society. The ways in which this distinction between bonding and



bridging played out in the Appalachian community in which I did my fieldwork, moreover, also help to understand, or rather to illustrate, how social capital – and its interplay with stigma – may also be used to marginalize and stunt social mobility within a small community. This is important because some argue that bridging capital and bonding capital are empirically and theoretically underdeveloped (Cheung and Kam 2010: 12). These two elements have sculpted our current understandings of social capital generally: bonding is considered useful for getting by, bridging for getting ahead. However, my ethnographic fieldwork suggests that in this Appalachian community, drawing on the interplay of bridging and bonding capital is more effective than focusing on having more of one than the other. For example, when examining health care, utilizing the bonding capital present within the community in addition to the bridging capital outside of the community might yield higher rates of social and economic mobility, and potentially diffuse the stigma which is ever-present and often displayed by health care professionals in neighboring communities.

According to Zhang and Anderson (2014: 35), “[b]onding capital refers to social networks consisting of kin and friends, and it is characterized by close ties that can provide network members with emotional and material support in their daily lives”. Beyerlein and Hipp (2005: 996) argue that “[a]lthough bonding groups increase social capital within their group, they can reduce social capital at the community level”. They further state that groups that establish bridging connections with others outside of the group benefit the community as a whole (Beyerlein and Hipp 2005: 996). Furthermore, they (Beyerlein and Hipp 2005: 996) claim that “groups exhibiting bonding social capital will be less effective in generating network structures that help the larger community”.

Their study primarily deals with crime prevention, yet this is something that should be considered in terms of other social issues such as health and welfare, which will be examined further in subsequent chapters. These works illustrate that bonding capital, while primarily considered positive for helping groups maintain a certain level of trust and reciprocity, can also potentially weaken larger social structures. Bonding capital can also exhibit exclusionary tendencies and this is a dynamic that I observed while in the field. However, based on my interviews and fieldwork in a county like Cedar Springs, this is caused by stigma from external communities and institutions while simultaneously being reinforced by community members. Bonding capital is understood as a way of ‘getting by’ and proving community cohesion. However, this project indicates that rather than only allowing individuals to ‘get by’, it can also and simultaneously place people within specific social constructs and fracture community cohesion.

The second component of social capital is bridging capital. Berardo (2014: 200) concludes that bridging capital “results when actors in a group create ties that extend beyond their close set of acquaintances”. This means that bridging capital is often considered positive because individuals and groups are establishing connections with other groups, and in doing so, they potentially acquire different information, resources, and access. Beyerlein and Hipp (2005: 997) claim that strong bonding structures have the potential to increase social problems within a community because it affects the “collective efficacy” – this is illustrative of the fine line drawn between positive and negative connotations with social capital. In Chapter six, bonding capital is used to urge patients to be more proactive towards their health; in other contexts, such as with homes,

it operates to marginalize. Ultimately, Beyerlein and Hipp's work (2005: 995) challenges "the notion that social capital cultivated by groups in communities will always benefit those communities as a whole", while for Hofer and Aubert (2013: 2135), "these strong ties [in bonding capital] have an emotional rather than informational quality for member of the network".

These theorizations of social capital are useful in understanding the mechanisms of social capital. But Putnam, moves beyond these and concentrates fully on the community effects of bridging and bonding capital. Ideally, bridging capital is used to show that if someone accesses various networks, then they will presumably become more economically and socially mobile. However, groups are socially constructed entities that value objects differently. Therefore, the ability of bridging capital to potentially increase economic and social mobility are diminished because the different valuations assigned to various objects are misunderstood, which results in stigma. Before we discuss notions by Putnam, Bourdieu, and Goffman, we first must take a moment to understand notions of kinship and place in Appalachia. These are pertinent to understand because they provide a foundation for understanding the relationship between stigma and social capital.

### **Kinship and Place**

In order to understand the shift from local self-sufficiency to trans- generational welfare dependency, I would like to first discuss notions of kinship and place and how they are demonstrated in the Appalachian region. While in Cedar Springs I noticed that community members exhibit a strong sense of kinship and attachment to place more so than I have seen anywhere else. These concepts, as will be seen throughout this project,

affect both bonding and bridging capital and therefore it requires a moment to understand its complexity before delving into the teachings of Putnam, Bourdieu, and Goffman. In Cedar Springs, ancestry (who you are ‘kin to’) largely influences the social capital and amounts of stigma someone has, or is exposed to. For example, if an individual comes from a family that uses welfare or has been linked to criminal activity, they are already stigmatized despite (possibly) never being involved with either. The familial association alone segregates. It also influences home and other choices, such as career goals or education because the stigma attached to the individual prevents access. Residents within the community know where certain ‘clans’ (families) live, and this is used to evaluate where an individual lives and influence the decision to ‘leave’ home – if ever; this will be explored further in the following chapters. Kinship is important in Appalachia because it exhibits what Neville (2003: 4) discussed in his working paper; and that is, “[t]he family as an ideal is extended and historical”; this suggests that the family unit and notions of kinship go beyond cultural understanding, but rather are suggestive of long-held historical beliefs which define the region. This in combination with the value of land in Appalachia refers to both the image that Appalachians want to present to others and that is that families anchor each other, anchor themselves to the land which is as much a part of their identity as the members of their families are.

One of the questions often asked is ‘why/how are Appalachians different from other Americans’? Appalachians differ from Americans in one particular manner and that is their commitment to family and how family figuratively and literally roots them – so much to the point that it is a major reason why individuals remain in the region despite economic and social lag. Americans in general value the institution of family;

but where Appalachians differ from other Americans is that the kinship bonds are so strong that they remove agency from individuals in making choices – in terms of educational attainment, employment opportunities, health choices, etc. – and these will be explored further in the thesis. Appalachians for many generations have fought valiantly in establishing themselves while simultaneously providing for the rest of America and the world. Despite severe social and economic decline, what still remains are the strong family bonds – the bonds that provide guidance, strength, and tradition – things that can never be taken away. For many Appalachians not only does family keep them bound to Appalachia, but it also binds them geographically and socially. In some instances, kinship can even affect how individuals approach education, economic, or employment opportunities which is what Hadler and Heinemann (2015: 86) write of in regards to the importance of kinship bonds in determining economic opportunities for individuals; they claim that, “the importance of family ties and strong local identities” serve as “migration-inhibiting factors”.

What also makes kinship a notable element to explore is how it has progressed over the generations. Higgs, Manning and Miller (1995: 349) state that, “[t]he sense of family and community in the succession of generations thus provides a strong link in the continuity of Appalachian life”. But, one can also claim that the geography is so important to community members that it creates what Relph (1976) terms a ‘perceptual space’ – a space constructed of emotional encounters. While in the field, many residents spoke of what Appalachia ‘used to be’ – this nostalgic remembrance of the independent, hard-working Appalachian that is now spoken of in a historical context. This ‘nostalgic Appalachia’ – my term – is an area that the older generations are familiar with, but they

encourage people to live there, or stay there, because they cling to this hope that it can return to its natural setting. For these Appalachians, the mountains and hollows represent strength, courage, and fortitude. For others, they represent stagnation.

Furthering this notion of remembered space is the concept of *lieux de mémoire* (site of memory, discussed in Nora 1989), which can help us better understand my concept of ‘nostalgic Appalachia’. According to Nora (1989: 12), “*lieux de mémoire* occurs at the same time that an immense and intimate fund of memory disappears, surviving only as a reconstituted object”. This refers to the attitudes that community members exhibited in trying to return to the Appalachia that once was – the Appalachia prior to economic and social decline, prior to the movement from independent to welfare-dependent. I argue that residents exhibited *lieux de mémoire* in an effort combat social stigma associated with the current social and economic situation of the region. Allen (1990) combines the notions of kinship and place to help us conceptualize the manner in which they work in Appalachia. She states that, “kinship patterns are an intrinsic part of the way people in southern Appalachia conceive of their home region” (Allen 1990: 152). Allen (1990: 156) continues by stating that, “[r]esidents...past and present, are linked to one another by bonds of kinship just as their places are joined contiguously on the land”. Allen’s chapter talks at length in regards to the use of place and kinship in constructing both a personal and cultural connection that allows residents of Appalachia to have ownership of and agency over their history. For many in the region, these two elements have been taken away from them too many times. This is important in understanding the interplay between social capital and stigma because kinship and place are often factors in creating and maintaining bonds within and outside

of the community. Because of kinship and place bonds, family members will often encourage individuals to stay within the community despite a lack of economic or social growth. As a result, individuals decline from being self-sufficient to dependent.

### *Putnam and the Dark Side of Bonding Capital*

While Putnam highlights the notions of bridging and bonding capital, he primarily focuses on the sociological importance of bonding capital, its presence and its absence, and its role in the building of trust. For Putnam (2000: 19), “social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them”. Putnam argues that social capital is comprised of “bridging (or inclusive) and bonding (or exclusive)” capital, which is itself based on Putnam’s understanding of Granovetter’s (1973) and de Souza Briggs’ (1998) pieces indicating that bonding capital is for ‘getting by’ and bridging capital for ‘getting ahead’ (Putnam 2000: 22-23).

Putnam (2000) examines the decline of social capital in American society, arguing that people have become less involved in society and as a result communities are breaking down. He operationalizes this through the lens of social capital – which for Putnam takes on very democratic and economic undertones. Through quantitative data, such as tracking membership in formal organizations such as the Boy Scouts of America or the Parent Teacher Association (PTA), Putnam shows that Americans are less involved (Putnam 2000: 41). For Putnam, being less involved means that we are not building up our social capital because we are not interacting; and therefore, his solution is to increase our access to bridging capital – for this is the capital that helps us get ahead because it can “generate broader identities and reciprocity” (Putnam 2000: 23). This

makes for a compelling argument. And yet, my ethnographic research on the workings of social capital vis-à-vis informal organizations offers evidence that challenges some aspects of Putnam's thesis. *Bowling Alone*, in combination with his article, 'Tuning In, Tuning Out' (Putnam 1995: 667), present eleven different causes for the erosion of social capital: "busyness and time pressure, economic hard times, residential mobility, suburbanization, women in the labor force, disruption of marriage and family, changes in the structure of the American economy, the Sixties, growth of the welfare state, the Civil Rights revolution, and television". While some of these can be argued as potentially strong push factors for the changing aspects of social capital, Putnam does not discuss the role that stigma plays in affecting social capital, something I develop here.

I show in the following chapters, the declining social situation as popularized in *Bowling Alone* are not solely associated with lack of bridging capital; but rather, the following chapters open up a discussion on how to improve both bonding and bridging capital. However, as I discuss in connection with Goffman, the sociological operation of stigma within a community, especially surrounding such artifacts as a 'welfare check' or mobile home, can break down bonding capital because they cause cracks in the bonds created by trustworthiness within a community. This offers a small correction to Putnam's argument, which concentrates primarily on macro-level events and how they influence a community's bonding capital.

Putnam shows that Americans are not as involved as they used to be; they are not voting as much, joining as many organizations, and are simply bowling alone (2000). While Putnam's data does suggest that there are changes in the character and formation of American communities, my evidence suggests that his argument about a decline in



social capital might need revision. I argue that we need to re-examine how we understand social capital and the fluidity with which it operates and manifests itself in contemporary American society, not least in rural communities. Putnam's work only examines urban areas and formal institutions, not fully acknowledging how social capital operates differently across various types of communities.

Based on Putnam's (2000: 19) argument that social capital is founded upon trust and reciprocity, then Cedar Springs would be overflowing with social capital; and, in fact, some in Cedar Springs might claim that they are rich in social capital. Putnam's argument is that the amount of social capital within a community is predicated on levels of involvement in various formal organizations. While residents of Cedar Springs are not entrenched within various organizations, they still embody high amounts of social capital and display a keen awareness of community interests – as commonly understood. Putnam focuses almost solely on formal organizations, and not on informal organizations: by the very nature of this kind of measure of social capital, then, social capital becomes a kind of exclusionary and elite concept. Social capital creates and reinforces social boundaries. As will be illustrated further, access to social capital, and its relationship with boundaries, presents the opportunity for internal and external marginalization and stigmatization to occur.

Putnam further argues that social capital is ever-present when a community's ties are strong. He notes that in recent years, Americans "have been pulled apart from one another", resulting in the weakening of bonding and bridging capital (Putnam 2000: 343). What we can conclude from this is that when a community's ties are strong they have more bonding capital. Because of this concept, we can argue that smaller

communities have the ability to yield higher amounts of capital due to the strong bonds – most notably seen through such phenomena as strong kinship ties. For Putnam, trust is the lynchpin for the success of community engagement, and ultimately the community’s levels of social capital. While my fieldwork data does suggest that strong within-community ties make a compelling argument for it to yield high amounts of bonding capital, this is somewhat negated when the (bonding) ties are so strong that they, in fact, become restrictive and coercive, or when they lead to within-community stigmatization. As will be seen in the chapters that follow, stigma has a strong correlation with social capital; and my data suggests that when stigma occurs inside a community, between community members, the very ties that should yield positive and strong amounts of bonding capital are effectively weakened and compromised. While Putnam emphasizes the role of civic engagement, this thesis argues that it is necessary to investigate the micro-mechanisms that produce, mobilize, and sustain social capital within a community. We can challenge Putnam’s argument that in order to increase social capital we must be actively engaged because the data for this project indicates that people are very engaged, yet the amount of social capital is compromised because of the presence of stigma.

Putnam argues in ‘Social Capital and Public Affairs’ (1994: 11), that “social capital [can] be transmuted...into financial capital”. Building on his theorization of Granovetter’s work, he claims that, “economic transactions like contracting or job searches are more efficient when they are embedded in social networks” (Putnam 1994: 11). This is predicated on the notion of the strengths that various capital can bring: bridging capital can carry strong forms of social capital because it requires an individual

to tap into numerous networks, those which are not currently at his disposal – this can be considered true. However, this notion is challenged when a community rich in bonding capital is suffering economic hardships. Social capital literature remains divided, or at best confused. Some of the literature claims that an increase in (only in) bridging capital is for the betterment of a community (Recker 2013; Menahem, Doron, and Haim 2011; Pong 1998). Others claim bonding provides substantial assistance in community development and therefore there is not a strong need to increase bridging capital (Sampson, Raudenbush and Earls 1997; Mechanic 1998; Runyan, et al. 1998; Peyrot, et al. 2009); and yet, some claim that the argument of bonding capital seen as a negative in community advancement is too simplified (McKenzie 2008). Based on these studies, and Putnam's (2000) in order to help a community have access to and utilize higher amounts of social capital an increase in both bridging and bonding is necessary. Despite the two camps, stigma and marginalization potentially affect the outcome of both. Much of what I saw in Cedar Springs illustrates a conflict between wanting industry to move into the community to produce jobs and the fear of outsiders entering into the community. This points to a need to establish more bridging capital – which will be discussed further in examining Bourdieu below – but many of the residents spoke of establishing a better job market among residents.

Putnam (2000: 321) reiterates the effect of social capital on economics: “not only do residents of extreme-poverty areas have fewer social capital ties but they also tend to have ties of less social worth, as measured by the social position of the partners, parents, siblings, and best friends...they possess lower volumes of social capital”. By this very statement, we see that social capital and access to resources creates a cyclical

relationship. If an individual has access to lots of financial resources, then they have access to higher amounts of social capital; if not, then their ability to acquire higher amounts of social capital is diminished. Here is where we start to see Bourdieu's notion of reproduction of inequality begins to emerge. This shows us that social capital is predicated on an individual's ability to access resources; yet, it is contradictory because having high amounts of social capital is only possible because of having access to those resources in the beginning – this will be discussed further later. Additionally, whether an individual or group has high amounts of capital – no matter bridging or bonding – if a mechanism to stave off stigma is not in place, then the value of that capital is already negated. Social capital in its purest form has the ability to assist an individual or community in multiple social avenues because, if understood, it can be used as a tool to help acquire various aspects of social capital.

Evidence indicates that bonding capital can positively affect both economic and health disparities within a community, and I find further support for this in my data. More specifically, in Chapter 6 we see the complex effect that too much bonding capital can have on a patient's access to adequate health care. Due to the very close-knit nature of relationships in Cedar Springs, health care providers can use this to positively impact a patient's health outcomes. Most notably, this is demonstrated when a health care provider uses a family member sharing the patient's diagnosis to illustrate that they will be following the same path as their familial predecessor if they change certain aspects of their life. And yet, the same incredibly close-knit nature of these relationships also creates or reinforces boundaries in which patients are unable to access adequate health care. Access is of course geographically bounded, but I address stigma and social

boundaries in following chapters. This notion challenges what Heliwell and Putnam (2004: 1435) claim in that, “[s]ocial capital, as measured by the strengths of family, neighborhood, religious and community ties, is found to support both physical health and subjective well-being”. While bonding capital can improve individuals’ access to health care, it can also prove disruptive because the same close-knittedness is also a social response to the effect of stigma that community members feel.

Another critique of Putnam is this: who are the agents between whom ‘trust’ is being established – is it trust among community members, trust between members and organizations? This lack of definition urges us to consider the different stages in which the dramaturgy of ‘trust’ is being played in order to accurately assess the reliability and validity of such claims. As shown in Chapter 6, trust occurs among community members, but only among those in immediate circles; and there is little trust in health care practitioners or the government. Trust is necessary for certain elements of social capital to exist and perpetuate. However, when there is a breakdown of trust, then those elements that allow social capital to continue are diminished.

Putnam (2004: 670) also writes that “[s]ocial capital is not a substitute for effective public policy, but rather a prerequisite for it and, in part, a consequence of it”. This is an important observation, and one with which my data aligns. The relationship between social capital and public policy is a critical one, and this thesis hopes to explore some of the underlying mechanisms implied by this. As noted in the discussion of its paradoxes, social capital is necessary for organizations, both internally and externally, to flourish. However, when we see a breakdown of social capital or a misreading, then that miscommunication proves problematic. As I found in my fieldwork, this

miscommunication allows for the entry of external organizations to make governing decisions without fully understanding how social capital is used, and how it can be acquired in a small community. These entries result in the further breakdown of trust, in not allowing easy access and bridging connections, and in allowing stigma to flourish.

*Bourdieu and the Unequal Reproduction of Bridging Capital*

While Putnam offered a closer examination of bonding capital, I suggest Bourdieu's work can help us to understand the intricacies of bridging capital. The foundational premise on which I build is Bourdieu's argument around the reproduction of social class, and therefore inequality. According to Bourdieu (1973: 258), an individual's mobility is determined by "intra- or inter-generational mobility", the social mobility that occurs between and across generations. However, an individual's mobility may be subject to change if a structure is introduced. Bourdieu sees individuals occupying specific spaces and within those spaces the individual has the potential to access various forms of capital. He claims, "[t]he volume of the social capital possessed by a given agent thus depends on the size of the network of connections he can effectively mobilize and on the volume of the capital" which I argue is predicated on the space in which the capital is acquired and utilized (Bourdieu 1984: 21). This capital then allows greater social mobility. As I show below, these 'spaces' or structures are akin to various institutions, and therefore the ways in which a person can access them (or not) dictates their ability to acquire mobility and capital. Current generations in Cedar Springs do not have the social capital necessary for economic and social mobility because previous generations never acquired it themselves. Furthermore, economic

decline has encouraged individuals to concentrate more on place and kinship bonds because these cannot be taken away. Members of the community thereby socially and economically root themselves. In order to further understand this, I draw upon Bourdieu's notion of exchangeability of social capital between generations.

While Bourdieu's conceptualization of social capital is segregated between classes and maintained through ancestral acquisition (so that if a social group does not possess high amounts of social capital then it will take several generations for it to emerge and even then, it would not be at the same level as other groups with whom they interact). Bourdieu claims that individuals, particularly the youth, are at a disadvantage because, "the culture of a class also serves to reproduce, within the young, the problematics of that class" (2003: 282). This is shown in the data I collected in the field; it suggests that this social dynamic is very closely entwined with sociology of stigma, causing real tensions in a rural community such as Cedar Springs. Thus, Bourdieu's idea of generational transference is useful; but when placed into conversation with the fluidity in understanding 'the structure' we are placing a lot of emphasis on an object or concept which may not be available between the generations and therefore results in conflicting statements about the interplay between the objects and the individuals using them; and also the role that stigma has in these conversations. By this understanding, we assume that structures and objects hold a universal meaning, and a desirability that can be translated easily between different groups. However, my data questions this and suggests that it can present real tensions.

Savage (2015) nicely summarizes this aspect of Bourdieu's argument, noting that social capital can be passed down through the generations in the form of social

tendencies to desire or have access to various qualifications in society. What we see in Cedar Springs is the effect of this generational transference in how residents have inherited certain attitudes or value-placements on objects and how that sometimes conflicts with the greater (external) American society. Savage (2015: 49-50) concludes that “[t]he transmission of cultural capital...is opaque, and is necessarily masked in a language of meritocratic achievement and hard work”. This very language and misunderstanding between community members and external communities proves to be conflicting in understanding the role that social capital has in Cedar Springs. While structures, such as schools, have the ability to change social mobility trajectories, access is first required. In this understanding, the structure is a cause, and the actions, or I argue social capital, is an effect – or rather a product. As will be seen in Chapter 5, the structure of the ‘check’ is introduced into a community such as Cedar Springs. While historically the ‘check’ was meant to be a temporary response to a difficult economic moment, it has actually maintained its status within the Appalachian region and in doing so, it has created difficulties for future generations to acquire social capital and has created a deficit for current generations due to the stigma that is attached to it.

Following this, I will argue in subsequent chapters, the need for stronger bridging capital in communities like Cedar Springs, and indeed for its better theorization due to the lack of access, resources, or exposure to various networks stunts the acquisition of bridging capital. While Bourdieu’s notion is predicated on various generations lacking access, I go further by stating that the influence of stigma and the potentially higher amounts of bonding capital actually contribute to the deterioration of bridging capital. However, the data I collected indicates that there is a strong desire to establish bridging



capital, and it is something that is observed immediately between the generations.

Bourdieu (1973: 259) also argues that the “cultural wealth [also understood, in particular for this project, as social capital] which has been accumulated and bequeathed by previous generations only really belongs...to those endowed with the means of appropriating it themselves”. I understand this as if previous generations do not possess or have access to social capital, or it is influenced by stigma, then so too will subsequent generations lack access to social capital and feel the effects of stigma. Social capital is a commodity and objectified based on presumed rights of the individual who possess it and the assumption of the right to access, or potentially not, by the individual who wishes to acquire it. However, this means that social capital and the resources and access surrounding it must be the same between generations and as we see in the following chapters, this is not necessarily the case. Therefore, the capital which is acquired from one generation may not be transmittable across subsequent generations because in order to fully utilize it they must have access to the resources in which to use it; simply changing the social scene or structures between the generations already negates this.

I argue that social capital is not simply a commodity, an object of elitism, or a question of whether you ‘have it’ or ‘not’. This project suggests that communities and groups possess social capital and to understand the ways in which it is used and acquired requires a translation of understanding of how that community or group comes to its own understanding and valorization of its capital. This suggests that the marginalization that is experienced in Cedar Springs may be generated through a conflict in identity and misallocation of capital between generations and therefore leaves the most recent

generation beginning their social lives at a cultural deficit. Bourdieusian notions of intergenerational cultural and class reproduction suggest that it is not enough to transfer cultural and social capital across generations, but also it is necessary to inform the receiver of the value that is attached to the social capital. Without this knowledge, then those who possess the social capital and those who are perceiving their values are both possibly misinterpreting its 'value'. Ferragina's (2010: 76) interpretation of Bourdieu indicates that closeness and exclusivity create social capital among groups. My fieldwork suggests that we might take this notion further and argue that it can have a detrimental effect by weakening both bridging and bonding ties, as evidenced throughout Chapters 4 through 6.

To further extend a discussion of groups, I now draw attention to Bourdieu's notion of social agents and groups. In 'The Social Space and the Genesis of Groups', Bourdieu (1985: 724) states that "[a]gents and groups of agents are thus defined by their relative positions within that space". He further states that "the structure of the social world is defined at every moment by the structure of the distribution of...capital...[in] particular fields" (Bourdieu 1985: 734). As will be seen in the following chapters, particularly Chapter 4, space, or 'field', is a powerful agent in understanding social capital within a community. Where people live, who has access to certain areas or resources in certain areas, combined with internal and external group stigma result in the erosion or accumulation of social capital. In this connection, Bourdieu examines space and how it affects power within society. He states that "we can compare social space to a geographic space...the closer the agents, groups or, institutions which are situated within the space, the more common properties they have; and the more distant, the

fewer” (Bourdieu 1989: 16).

In Cedar Springs, space is unique because residents either confine themselves to particular spaces because of fear or the understanding equipped to them within that space – meaning they do not have knowledge of what extends beyond that space. Or, residents are relegated to various spaces because they are ascribed that space due to stigma. As a result, acquisition and utilization of capital are unable to permeate social boundaries. When concepts presented by Bourdieu are used to critically analyze previous literature on the Appalachian region, it suggests that the marginalization of the region does not stem from economic factors, but rather a misappropriation and misunderstanding of the value assigned to the various aspects of the culture which have created a reduced social capital assigned to their culture over time.

Another concept I draw from Bourdieu is the concept of distinction – or rather the concept of being different. For Bourdieu (1984: 260) capital is the manner in which people distinguish themselves from each other. In this process, I argue, division allows for stigma to flourish; and as will be seen throughout the project, growth of stigma and division occurs between generations. For Bourdieu, acquisition and utilization of capital is not an event that occurs or changes daily. But rather, it is a product of transference between generations. Bourdieu stated that social class reproduction allows there to be division between social classes. According to Bourdieu (1996: 63) “reproduction and social reproduction...between classes... [is made] by contributing to the reproduction of the structure of distribution of cultural capital among these classes”. However, what Bourdieu’s theory lacks is the connection to stigma. Due to the economic boom created by coal and timber in previous generations, high cultural capital developed, suggesting

that they had high tastes and habits, which allowed them to be members of a particular class and to be independent. As time progressed and the industries declined, rather than being a homogenous and highly profitable area, it became an area of dependency. Appalachians used to be highly self-reliant, but according to Bourdieusian logic, throughout generations they have transformed into a highly dependent region. It was a region that was once comprised of workers to an area dependent on welfare. As a result, the region has become highly stigmatized because it contradicts the social values and norms of the greater American society.

In discussing intra- and inter-generational mobility, Bourdieu claims that this contains the, “mechanisms which tend to ensure the reproduction of the structure of relations between classes” (Bourdieu 1973: 258). Furthermore, Bourdieu (1984: 287) claims that “[t]he distribution of the different classes...runs from those who are best provided with both economic and cultural capital to those who are most deprived in both aspects”. This suggests that the division of classes essentially comes down to the ‘haves’ and ‘have nots’ in terms of economic and various forms of other capital which further suggests that if an individual does not have one he may not have the other. By this, I refer to the basis that Bourdieu suggests economics and various forms of capital work in conjunction with one another. If one is wealthy, or has economic means, then that suggests that he has other capital means as well so as to be able to draw from both categories to secure or progress his economic and social mobility. This also helps us to understand, more importantly, the shift from generational social mobility to trans-generational welfare dependency. In addition to understanding the division of classes, we also need to draw on Bourdieu’s notion of habitus. According to Bourdieu (1984:

291), [i]t is in the relationship between the two capacities which define the habitus, the capacity to reproduce classifiable practices and works, and the capacity to differentiate and appreciate these practices and products (taste), that the represented social world ...is constituted”. Based on this, we can begin to understand that the division of classes is ultimately located within the creation of the social world which delineates if something is desirable or not. We can see this with the attitudes and reflections pertaining to the artifacts in that individuals who have the economic and social means hold negative and undesirable attitudes towards certain homes or the use of the ‘welfare check’. However, by drawing on the notions brought forth by Goffman we can start to see how these socially constructed realities allow for the opportunity of stigma to be applied to both object and individual.

#### *Enter Goffman: The Interplay of Social Capital and Stigma*

This project also seeks to complicate these understandings of social capital, both bonding and bridging, by exploring how they might entwine with and deploy with the sociology of stigma, and specifically how stigma affects the acquisition and utilization, or operation, of social capital. I argue that Goffman’s notion of stigma help us to understand how individuals within Appalachia went from being self- sufficient to being seen and understanding themselves as ‘welfare poor’ and how stigma affects the visibility of these characterizations and how they appear when examining the artifacts. Goffman, most notably, brought us the notion of stigma and how this affects our perceptionn of others and ourselves, and in turn, it affects how we see our placement in society. According to Goffman (1963: 2), people have a “social identity” which

involves “personal attributes such as “honesty”...and structural ones, like “occupation”; these attributes assist in creating roles, and with these roles come expectations of acceptable behavior for social roles. Goffman (1963: 4) claims that there are three distinct types of stigma, of which one is relevant to my data. namely “blemishes of individual character perceived as weak will”. Stigmatized individuals therefore embody the failings of society. In Cedar Springs, employed natives stigmatized unemployed locals, claiming that they weren’t trying hard enough or were lazy. Informants with adequate incomes had difficulties understanding why their community members might need government assistance or had difficulties finding adequate employment; for them, they reflected the stereotypes of the region. This exemplifies what Goffman was referring to when he stated, “[a] stigma, then, is really a special kind of relationship between attribute and stereotype” (1963: 2).

Many of these social roles are understood through the interaction with the artifacts. Or, it can even be argued that the misunderstandings of certain roles exist because someone has not interacted with the artifact and therefore makes assumptions – holding what Goffman would call ‘expectations’ – and projects those assumptions onto individuals. This can be problematic because stigma can affect the utilization and acquisition of bonding and bridging capital. For example, assumptions (or expectations) can be made about individual community members or community-wide programs. As a result, opportunities many not exist or there might be barriers to access based on these ‘expectations’.

He further contends that “[t]ypically, we do not become aware that we have made these demands or are aware of what they are until an active question arises as to

whether or not they have been fulfilled” (Goffman 1963: 2). Appalachians, and Americans more generally, demand that individuals should work hard and be paid accordingly. However, these demands are not met when individuals in impoverished communities do not have access to jobs, or are on welfare due to a mining accident. As a result, these individuals are stigmatized. In this instance, it is not about ability; rather, it is about access. Goffman provides a framework for the analysis of the daily social interactions that can also be understood to constitute cultural practices, and how these cultural practices help to negotiate our understanding of social capital. This dramaturgical representation, coupled with a comparison of social interaction and the people engaging with them to actors on a stage; offer critical analytical tools to assist in understanding the residents of Cedar Springs, their social practices, and how they understand their roles in various social networks that enable the acquisition and utilization of social capital. Goffman (1951: 294) suggests that, “the rights and obligations of a status are fixed through time by means of external sanctions enforced by law, public opinion, and threat of socio-economic loss, and by internalized sanctions of the kind that are built into a conception of self”. Part of my question then becomes, how does stigma entwine with social capital to complicate and/or perpetuate the social marginalization of the community?

Goffman concentrates on the individual, their role in society, and how they present and convey characteristics of themselves. Notably, he examines how interactions with other individuals can cause internal conflict with regard to how they view themselves and their placement in society. My data contain numerous examples of this, such as when people display pride in their home but know that others see it as

deviant (Chapter 4), or when they adamantly discuss ways of changing the economy, yet claim that the government helps to keep them down by the regulations attached to the ‘welfare check’ (Chapter 5). Goffman’s notions on class status and stigma are useful, too, because they offer insight into how it is necessary to understand individuals’ own perceptions, how they view themselves, and how various artifacts such as a ‘welfare check’ are used in combination to define a very fixed and rigid status. Therefore, when people are aware of a stigma – either attached to their community or themselves – they are aware of it and will choose how to respond. Their response, as will be seen in the following chapters, affect the types of access to and how they utilize social capital.

In ‘Symbols of Class Status’ (1951), Goffman argues that status symbols hold a tremendous amount of sociological significance and power within a community because they not only tell a story about the person who possesses them, but also how their lack of possessing certain symbols adds to the perception of themselves and by others. Based on this understanding, Goffman illustrates that symbols in society, arguably the symbols associated with tangible objects, hold a social significance and provide information about the person, the community, and the perceptions surrounding the object. For example, according to many participants in the field, a ‘welfare check’ is a status symbol. To some, it denotes that they have made it, that they are set for life – suggesting that they no longer have to apply for employment. For some, it is a symbol that they are being recognized for their hard work and this is repayment for their countless hours of hard labor, when in reality it may actually be the first step in accepting a cycle of poverty. For most, it is a symbol of deterioration, corruption, and stagnation of a society once highly regarded as strong and industrious. The various symbolic meanings of a



‘welfare check’ amount to one overarching meaning: stigma, and I argue that this affects people’s understanding of their own sources of social capital.

According to Goffman (1963: 2), “[s]ociety establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories”. What this draws our attention to is that society communicates with individuals what is acceptable or not for certain groups. In the case of Cedar Springs, or even Appalachia as a region, it has communicated that it is not acceptable to have homes look a certain way or to use ‘welfare’ of any means. Any person who deviates from this is likely to be stigmatized.

In order for an individual to be stigmatized, there must be an encounter in which our expectations are not met, we discount the person in our minds and thus stigmatize them (Goffman 1963: 3). For example, if we met someone who is impoverished but they are working and pursuing an education, and live with their parents in a nice home, we don’t think twice about this individual; in fact, we might say at least they are trying. But if we met an unwed mother of two who is using food stamps at the local grocery store, then we judge and reduce the individual. Goffman talks about the behavior that ‘normals’ and the stigmatized exhibit and how their relationship is showcased in various avenues of society. Goffman (1963: 5) states that, “[t]he attitudes we normals have toward a person with a stigma, and the actions we take in regard to him, are well known, since these responses are what benevolent social action is designed to soften and ameliorate”. This speaks to the responses that interview participants discussed when they indicated that people came in to the region and told them what they needed rather than asked. This means on a larger scale, the greater portion of the US sees Appalachia

as being non-normal, as stigmatized, and therefore we counteract how we see them by being benevolent.

## **Conclusion**

In trying to understand the elements of Appalachian distinctiveness within the wider American culture, I have drawn on notions presented by Putnam, Bourdieu, and Goffman. I have noted how Putnam is instrumental in helping us understand the mechanisms for bonding capital. While his work was critical in re-introducing the importance of understanding social capital in modern society, this project examines the need to understand that social capital can be seen as a product and an agent; in addition to the role that stigma asserts in how we understand the purpose and consequences of bonding and bridging capital. Putnam argued that American society is changing and, as a result, social capital is dwindling. I draw on Bourdieu's classic argument about the reproduction of social class/inequality to lay the foundation for a better understanding of how bridging capital might work in a small and closed rural Appalachian community. His notion of inter- and intra-generational transference allows us to begin mapping our understanding of how the acquisition and utilization of social capital can transform or manifest differently from generation to generation, and I suggest that integral to this is the interplay between too much bonding capital and too little bridging capital.

Lastly, Goffman's theorization of stigma is useful because it allows us to see some dimensions of how social capital is understood and the presentation of practices in a small rural community. As will be seen in the following chapters, stigma is a vital component in how residents understand the social capital that they feel they possess and how they understand themselves as (not) acquiring more. This is undoubtedly played

out on stages constructed between community members, and the stages they create – or rather do not create – between themselves and external networks outside of the community. I argue that the best way to explore these conceptual frameworks is in how they are ‘lived’, practiced, performed, and executed through the use of the three lenses or artifacts. The home, ‘welfare check’, and glucose meter all contain these conceptual elements, and they allow us to examine the lived experiences of community members in understanding the mechanisms of social capital. After addressing the theoretical approaches to this project, I would like to now discuss the methodological choices used to gather the data used in this project.

### **Chapter 3**

#### **Methodology**

In choosing my methodological approach, I wanted to ensure the community's voice would be heard. Much of the research conducted within the Appalachian region has not utilized methods which allow community members to be heard or take ownership of the research being conducted. I wanted to counter this trend, to capture the lived experiences that residents had when coming into contact with everyday items. I therefore chose to use employ an artifact-based ethnography further substantiated with semi-structured formal interviews, informal interviews and conversations, participant observation, and volunteering. This chapter begins by outlining the pilot research, which shaped the project's subsequent methodological decisions. I then detail aspects of the ethnographic fieldwork, exploring the artifact- based portion while giving a brief explanation of the artifacts – the home, 'welfare check', and glucose meter. Lastly, the chapter concludes by detailing aspects of the methodological framework such as the data collection process and closes with the ethics and limitations of the project.

#### **PILOT RESEARCH**

The pilot research principally involved volunteering at two organizations to familiarize myself with residents and lifestyle in the region. The first – Garden Buddies (anonymized) and the second – Appalachia Builders Support (also anonymized). My intent was to gain first-hand experience of contemporary Appalachian culture, and so to decide on which artifacts and which community I would focus. In 2013, I first spent ten days with Garden Buddies, and then one week with Appalachia Builders Support. Garden Buddies concentrated on healthy eating habits and sustainability by teaching

residents proper gardening techniques. I assisted in home visits, met with individuals working with the program and students attending classes, and travelled around the county to various locations to understand the social construction of the issues that Garden Buddies sought to address. Program participants were recruited from the local food pantry, and according to the director I shadowed, many of them had attended the local food pantry since childhood when helping their parents. Classes met once a month for an hour at a time to instruct participants on gardening techniques, when to plant certain crops, offer samples of what people are growing, have potlucks, and arrange home visits – when people from Garden Buddies go to a participant’s home and check on their garden to make sure they are getting the desired results. It also allowed for the residents and employees of the organization to bond. While assisting an employee with home visits, I was forewarned by an agent of Garden Buddies about what I might see. She said that their clients run the gamut – she informed me that some people would look as though they ‘needed’ their services, indicating they were impoverished and lacked adequate nutrition or that their homes were dilapidated. Other clients were wealthy, lived in nice homes, and in her words, participated in the program because they thought it was fun. Garden Buddies never rejected any applicants; hence individuals from an array of backgrounds were represented. No background check is conducted to confirm a participant’s financial need, so some places might look like what I would expect and others might look very nice. Since this fieldwork site is the county seat, it looks very affluent, but more often than not people are land rich and cash poor. They have a lot of land or even nice homes, which have been in the family for generations, but they still cannot afford to feed themselves. The notion of examining the homes in the region first

emerged here. As shown throughout the thesis, and particularly in Chapter 4, this theme is ever present and sometimes presents conflicting notions about ownership and power.

Appalachia Builders Support in western Virginia placed me in a team assigned to rebuild a room in a gentleman's home. This was with an organization founded on Christian beliefs that serve the Central Appalachian area by renovating homes for individuals who either do not have the monetary means, or physically cannot do it because they have been injured or have a terminal illness. The organization has been around for more than 40 years and is well-known in the area as well as around the United States. I chose this organization because one of their objectives is to get to know the people receiving repairs and I thought this would present a valuable opportunity to learn more about the region. I felt this would be beneficial as I did not have any contacts inside the community. After a week at this location, I could not shake the feeling that for every structure they repaired, they chipped away at the people. I felt this way because the organization perpetuated stereotypes about the region and people. The organization is very popular amongst churches and universities. Oftentimes congregations from around the United States would send parishioners here for a 'mission trip' or universities would advertise this as a productive spring break – doing something for the community as opposed to getting a tan and drinking a Mai Tai on the beach.

The organization attempted to educate the weekly volunteers by hosting various programs such as culture night, or providing presentations which gave information about the region. Prior to attending these events, I had conducted a thorough literature review and was keenly aware of the theories and statistics used to understand the region. I was shocked when the educational information on the region was out of date, opinionated,

and when I inquired from where the organizers received their information, they were unable to tell me. Thinking back to the culture nights, every week brings a new opportunity for the organization to provide a very brief, yet insightful, view of the culture to people who would never encounter it otherwise and may never visit again. If we think about impression management and the looking- glass self, how do various conversations occurring in the region impact this; how does it reinforce or perpetuate certain tropes? The pilot research therefore allowed me to both decide the fieldwork site and to narrow the choice of cultural artifacts, through which I explore key social issues.

#### FIELDWORK SITE AND THE ARTIFACTS

Based on both statistical data and this pilot research, I concluded that the best location for this project would be eastern Kentucky. It is in the heart of central Appalachia, offering accessibility to other central Appalachian states such as Tennessee, Virginia, and West Virginia. I had traveled through eastern Kentucky prior to conducting pilot studies so I was familiar with the area. Though West Virginia is entirely encapsulated within the documented Appalachian region, I chose Kentucky as I had access to many resources, informants, and gatekeepers there.

When I moved to Cedar Springs, I met a woman who became my gatekeeper for the community. I told her what my project was about and that I wanted her help because I wanted Appalachia to be represented by Appalachians. My gatekeeper laughed when I told her about numerous academics in Appalachian Studies departments informing me that the best way to understand contemporary Appalachia was through artifacts and such as quilts or practices like making rocking chairs.

When I first entered the field, I received similar responses and was commonly told “hell, we don’t do that anymore, we buy our quilts from Wal-Mart”. My gatekeeper said that people in Appalachia do not make rocking chairs apart from the odd one or two people who do it as a hobby. She and other informants indicated that people think they understand the region because they like the old Appalachia, the way it used to be. This persistent attachment to the nostalgic Appalachia, which will later be interpreted, is used as a tool used to compromise social capital in the community. Community members repeatedly referred to diabetes, heart disease, access, health, home appearance, trash, welfare checks and welfare fraud I therefore concluded that what was important to them were the conversations about these artifacts, their community, and the future of the region. An artifact-based ethnography focusing on homes, ‘welfare checks’, and glucose meters seemed the best way to capture local understandings of Appalachia.

I now list how this thesis defines each of these artifacts. A home is any residential structure in which one or more individuals live. The Appalachian region is often stigmatized for its abundance of mobile homes. As we progress further through the chapters, I will show how homes, particularly mobile ones, challenge the notion of mobility. A ‘welfare check’ is a colloquial term used to reference any type of assistance, with special attention to financial assistance. Lastly, a glucose meter is a compact device, no larger than a standard coin purse, which tests the presence of sugar in an individual’s blood. This artifact is used as a platform in which to discuss access to adequate health care. These artifacts are tangible, simplifying sociological inquiry and conversation. We can examine them singularly or in combination. Their ability to act as solidarity agents or as supporting actors allows for a more nuanced understanding of



social capital.

These artifacts impact all the people in the region, and are representative of social issues and what residents think of the community. Additionally, they are familiar to people across all cultures and nations. Academics felt strongly that these artifacts would stereotype the people. My informants suggested no one had ever come into the region and asked them what elements and artifacts contribute to the community and were interested to see what developed. When I began interviewing residents, they openly spoke about the artifacts without prompting, illustrating their local pertinence. The everyday significance of these items, both to residents and to social capital and its valuation, eased data collection.

When I first arrived in Kentucky, I volunteered with a local County Extension Office's agent. At a crafting event, I asked her if I could take a moment to talk to the audience and was given approval. After all the other presentations, I talked about my project and passed out my cards. I received an overwhelming response from the audience, some of whom invited me to the Senior Citizen Center and many others wanted talk to me about my project further. I spoke to a few women after this event. Some artifacts they suggested were quilts, cast iron skillets bakeware, colleges, and cancer centers. During the remaining time there, I toured local towns with the Extension Office and received many more suggestions about folklore related artifacts.

When I spoke with people in the hollows (small, remote, rural areas located between two mountain ranges) – individuals who were directly related to many of the public and social issues which plagued the region – they would indicate that the items which were being suggested to me in the towns were irrelevant and many of their

conversations revolved around the artifacts chosen for the project. Based on several such encounters during my time in Cedar Springs, economically advantaged individuals wanted to embrace the ‘nostalgic Appalachia’ as if it still existed. Economically and socially disadvantaged parties wanted to reclaim the historic Appalachia, but believed the way to get there was to tackle contemporary social and economic issues in the region. I found a majority of residents were concerned with the stereotypes that plague the region, pointing out that common ‘Appalachian’ problems are found elsewhere too.

According to Dant (2005: 3), “it is through direct interaction between individuals and material objects that the culture is mediated: the objects have embedded within the materiality of their design...a series of cultural values that shape the practices...by which those objects are used”. Objects are tangible pieces of culture, which embody interactions between individual within that culture: because of this interaction, artifacts become excellent vehicles for facilitating conversations about culture (Dant 2005). Additionally, Tilley (2001) advocates artifact-based ethnography because it allows the objects to express a multitude of relationships – specifically those concerning power. Social capital is concretized through the home, ‘welfare checks’, and glucose meters, allowing the discussion of misunderstanding of acquisition and utilization of social capital. These misunderstandings, in turn, assist in the perceived marginalization of the residents, and then are reproduced within the community.

## ETHNOGRAPHIC FIELDWORK

Ethnography provides the most authentic qualitative data while simultaneously giving a voice to community members, as it allows the researcher to become embedded

within cultural contexts. Because of these advantages, I chose to employ ethnography. Tedlock (1991: 72) illustrates that ethnography is a necessary tool for understanding different aspects of culture because it is useful as both a practice and a process. Hammersley and Atkinson (1983: 44) conclude that “[o]ne of the limitations...with ethnographic work is that...a small number of cases, is studied, [and] the representativeness of the findings is always in doubt”. For some, this can be seen as a weakness because it is almost as if the researcher is going in blindly; but, in doing this, the researcher is allowing for ideas and questions to emerge that might not be discovered until going into the field – and in this respect, it may be beneficial.

Methodologically, current ethnographic studies (Keefe 2000; Nesbitt 2000; Gottlieb 2001) illustrate a growing scholarly trend of examining Appalachian culture in a contemporary context that addresses issues of national, regional, cultural, and ethnic identity. Keefe’s (2000: 4) ethnography incorporates participant observation, focus groups, and a survey to capture how mountaineers understand how they are conceptually seen in regards to their culture and identity. She found the focus groups to be a useful tool in extending the responses provided in the survey. Her research further concludes that the best manner in discussing social aspects with Appalachians is through methods that use conversation such as focus groups or participant observation because they provide a rich and nuanced elaboration of lived experience. Nesbitt’s (2000) article proved useful in understanding that no matter the geographic origin of the researcher, conducting ethnographic research is a constant reflexive activity while in the field. Lastly, Gottlieb (2001) conducted open-ended interviews in addition to using essays written by high school students in terms of identity formation. His research further

bolsters that the use of Appalachians' voices in regards to providing a platform for them to communicate various aspects of their region proves useful for ethnographic research.

It can be argued that ethnography, particularly artifact-based ethnography, instills power and agency in the community being examined because the artifacts allow you to see 'the social' in its myriad of processes. I argue that this kind of ethnographic engagement is needed to understand the persistence of poverty in Appalachia. My ethnography was comprised of: formal interviews, informal interviews and conversations, participant observation, and volunteering. I discuss each in turn.

### Semi-Structured Formal Interviews

Once I settled into Cedar Springs, I knew one of the methods I wanted to use were participant-led interviews. I sought out long-term residents who were well connected within the community, or 'culture consultants'. Some of these culture consultants were identified by myself, and others by the community. Semi-structured interviews give the informant agency to talk about issues that matter most to them and perhaps raise issues that have not presented themselves to the researcher (May 2011). May (2011) further claims that they also show allow a more penetrating analysis of the social issues being examined. I conducted a majority of interviews in everyday situations. "The basic rule in carrying out interviewing or conversing during participant observation is that the researcher is intent on following the lead of the informant, exerting only minimal impact on the topic and flow of the interaction" (DeWalt and DeWalt 2011: 120). As the region has a history of researchers coming in with pre-set questions and pre-conceived ideas, I felt such an approach was justified.

Additionally, when interviewing, I employed the snowball method of sampling. I knew I was – and always would be – an outsider, even though eventually the community accepted me as their own. I’m posing myself upon community members as ‘yet another academic in Appalachia’ was not an option as news travels fast in the mountains through word of mouth: if I proved myself as someone genuinely interested in the community, then residents would be more accessible for interviews. A recommendation from an informant went a long way in opening doors. Residents were warm, friendly, inviting, and in several instances continuously kept in contact throughout my fieldwork. They would say something to the effect of ‘I really like the talk we had about X, it got me to thinking, and I think you should need to speak to Y because he/she knows a lot about that.’ Though this method proved profitable for me May (2011: 145) urges caution: “[t]his form of non-probability sampling is very useful in gaining access to certain groups... [h]owever,... researchers have to be aware that they inherit the decisions of each individual as to who is suitable for interviewing”. For example, when participants were not sure what I was asking, they would refer me to participants who were not as informative as I would have hoped.

There was not a set archetype of interview participant that I had in mind for the project. I interviewed men, women, employed, unemployed, residents (both lifelong and those who had moved away and came back), and individuals from all economic and educational backgrounds. Previous projects on Appalachia tended to narrowly focus on one socio-economic or archetype of an Appalachian, generating issues of stereotyping and other negative connotations over the past five decades. Speaking with a broad spectrum of Appalachians mitigates criticisms surrounding the artifacts, why they were

chosen, and what aspects of the community they were representing. Community members of varying backgrounds discussed these objects and issues surrounding them without provocation, giving these artifacts some relevance to all Appalachians.

Once interviews were scheduled, participants were asked to meet at a local McDonald's, though some interviews were conducted over the telephone. I chose this location because it was in the center of town, public, and familiar to participants. I conducted a total of 45 interviews, however, only 44 interviews were usable. The dropped interview was conducted over the phone, with poor audio quality rendering the participant's responses incomprehensible. However, the themes present in that interview were also found in the other 44 interviews, so no information was lost. If an interview was scheduled at least a few days in advance, I would call the participant a day or two prior to the interview to confirm. Before the interview took place at the McDonald's, I would offer to purchase a drink or food for the participant as a way of thanking them for their time.

However, I was consistently refused, but they would adamantly offer to purchase something for me. Though this is a recognized cultural more of the American South, it made me uncomfortable. Once the community began to accept me as their own, this was their way to say 'thank you' for listening to them, for sharing their stories. The interview participant(s) and I would sit down, and then discuss the interview's purpose, and jointly review a consent form (located in the Appendix) drafted specifically for this project. I would then instruct the participant(s) that the interview would be audio-recorded to allow later transcription. Participants were instructed that the interview notes and transcriptions would be anonymized so as to protect them, and that they had

the right to request their transcripts at any point and to withdraw their interview at any point between the date their interview was conducted and when the project would be completed.

The normal duration of an interview was between 30 and 45 minutes. Some interviews were one hour, and the shortest interview was 12 minutes. Using a recorder during an interview has its drawbacks. One is that “non-verbal aspects and features of the physical surroundings are omitted” (Hammersley and Atkinson 1983: 162). Another is that participants can become reserved, or concerned about protecting their anonymity during a recording. An example of this would be when one participant spoke to me at length for two hours, had wonderful anecdotes to illustrate all the themes of the project; however, as soon as he saw the audio recorder (which he was well aware that the interview was going to be recorded) he said none of the things that he had first discussed. Furthermore, the recorder can present practical and ethical concerns.

In terms of practicality, a researcher needs to be concerned with where the interview will be recorded because issues such as background noise might interfere with the quality (May 2011: 151). Ethically the researcher should be concerned with any sensitive issues that may be recorded (May 2011: 151). This issue was assessed and handled using an informed consent form, anonymizing all interview participants, and allowing only myself, and the transcriptionist, access to the recordings. Regardless of these concerns, the recorder is an essential tool because “it allows the interviewer to concentrate on the conversation...and many people can forget the tape is on” (May 2011: 152). Further, “tape-recording guards against interviewers substituting their own words for those of the person being interviewed” (May 2011: 152). Literally employing the

informants' own words was a vital corrective of early researchers' distortions of local understandings.

Residents enjoyed being engaged in a collaborative process regarding their community. Every time I sat down with someone I felt as though I were a reporter interviewing a celebrity. The demeanor and posture of the residents I spoke with was proud, happy, and grateful. Several residents cried at the beginning of their interviews because, as one gentleman stated, "in all the years I have lived in this community, and of all the researchers to have come here to find out 'what is wrong with Appalachia', you are the first to ask me and not tell me...Thank you". Residents would bring mementos from their lives to show me what is not usually portrayed in the studies; and for many residents, if not most, the interviews offered them an opportunity to be highlighted as an individual, not as a caricature of the all-too often seen portrayals of the stigmatized Appalachia.

The interviews also allowed community members the freedom to speak about the artifacts, revealing them as amorphous and able to take on different meanings according to the individual. This symbolic variation also allowed me to see how stigma played such an important role in dictating how the artifacts were seen and used, thus challenging many of the cultural misconceptions that the rest of the US has. Interviews help to answer the question, why is Appalachia different? Ultimately, they concluded that there has been a shift from independence to generational dependence; and as we will see later, the presence of stigma helps to perpetuate this shift.



### Informal Interviews and Conversations

One aspect of ethnography I really enjoy is that it requires you to become ‘one with the tribe’. Though I traveled through Appalachia and familiarized myself with the region while conducting pilot research, I was unable to entrench myself within the community until I lived there. During my stay in Cedar Springs, I took every opportunity I had to talk with people standing in line at the grocery store, going to church services, hanging out at the local eateries . I rooted myself within the community as much as I possibly could. Due to my being forthcoming that I was a researcher, people accepted me in the community and took opportunities to help me with my research. One time I was introduced at a church; after the service a family invited me to join them for breakfast. Another time, I was talking to someone in line at Wal-Mart and customers near us joined in, giving me further insight and information. While accompanying my roommate to the doctor’s office and the vet, I hung out with people in the waiting rooms.

A sizeable amount of information gathered in the field was done so through informal interviews, or conversations. This method is contested because it questions the boundaries in which a researcher is allowed to use the material he/she has acquired. Disclosing the researcher’s purpose and design is instrumental for the safety of the community being researched. According to van Deventer (2007: 48), “in overt or visible research designs, the subject of the research process is aware that s/he is part of an investigation into a specific phenomenon”. Within this specific design, the research subject also provides “informed consent” with regards to data collection and research participation. All relevant information associated with the research process should be

provided to the research participant. However, Lugosi critiques this by saying (2006: 544), “[i]t is certainly a mistake to assume that ethnographic fieldwork can ever be fully open and overt, with all the relevant participants giving their continued support based on a consistent understanding of the research”.

I greatly enjoyed engaging in informal interviews because they allowed me to see my project differently. Recapping the day’s events and conversations helped me to put various puzzle pieces together. They also showed very candid and raw emotions, interactions, and understandings of the artifacts and their interplay with stigma and social capital. Interviews, while they allowed people a spotlight and platform to discuss their community, the artifacts, stigma and social capital, they knew they were being audio-recorded and people would see them being interviewed. The informal conversations and interviews sometimes allowed a freedom and intimacy, which afforded the individual to say what they really thought without fear, judgment, or parameters. For the moments when multiple people were present, it gave an opportunity for mutual support. During my time in Cedar Springs, I would often see individuals in various locations. Sometimes people would be very shy and not want to talk to me; but when their friends or neighbors were around, they would engage in conversation. In these instances, informal interviews and conversations gave them the feeling of being safe.

### Participant Observation

In addition to engaging in formal and informal interviews, I also engaged in participant observation. According to De Walt and De Walt (2011) participant

observation is an excellent methodological choice because it allows the researcher to gather data about real life events while also participating in them. Participant observation is often used with ethnography because it is a way to gain data in naturalistic settings, which cannot be replicated using other methodological tools, such as surveys or focus groups.

After finalizing my artifacts, I chose to volunteer at two locations, which would give me insight into welfare and medical care. I chose a food pantry and a hospital as they are the front lines of interactions involving the ‘welfare check’ and glucose meter. I noticed during both my formal and informal interviews that certain individuals spoke about these objects in what appeared to be a scripted manner. For example, I spoke with a gentleman in an office that provides various services to community members such as GED training, food vouchers, bill pay, etc. After being pushed away several times, he finally spoke with me. I asked him questions and he would say he couldn’t answer them. When I asked what he could tell me, he would say nothing and then try to re-direct the conversation by talking about the locally prevalent Scots-Irish ethnicity. I encountered this at the Welfare Office and various doctor’s offices.

After three weeks in the community, I established a reputation as likeable and through various networks found an opportunity at the food pantry. The director at the food pantry referred me to the second place where I volunteered, a chiropractor’s office. Our bond was strong enough that she asked me to help her with various projects at the pantry. While working at the chiropractic office, the doctor taught me about various medical issues in the community, terms I might hear referring to various cultural aspects, places I should or shouldn’t go, etc. She also introduced me to patients, told them about

my project, and encouraged them to set up an interview with me. In return for secretarial services, the doctor provided opportunities to gather data and further establish connections with community members. This connection also allowed me attend a health council meeting with various community stakeholders and government agencies. Additionally, I worked at a hospital in the community. Due to inclement weather and a long approval process (six weeks), working at the hospital did not prove as valuable as once thought, but still gave insight into various other communal health related attitudes and topics.

Being a participant observer allowed me to be a fly on the wall; I was able to gain access and observe individuals and agencies that associated with the artifacts on a daily basis. When I was attending the health council meeting, I felt as though the wizard pulled back the curtain and I was seeing all of the missing pieces to the puzzle. Being in that setting allowed me to see certain truths and fallacies that are all too often hypothesized about in the literature or by community members. In that setting I ‘knew’ certain things now that others might not ever know, all because of participant observation. Working with the doctor, I also saw firsthand the serious problems with US health care because patients can’t pay. I heard of the stigma of people’s illnesses, doctors they have visited, and also witnessed first-hand the lack of education and rocky doctor-patient relationships.

While volunteering at the pantry, I saw the gamut of residents in Cedar Springs: a woman whose husband was a ‘chef’ and in jail for cooking meth; a man hurt in a mining accident who once a month to the pantry because he didn’t have any other mode of transportation; people who lived there their entire lives, and those who just moved there;

and low-income people and people looking for deals in the shop attached to the pantry. Working at the pantry allowed me to see the difficulties with, and inconsistencies of, certain artifacts. It became evident that addressing certain issues is a lengthy process because it took generations for them to emerge. Working here and the chiropractic office helped me to apply different shades to the picture I was coloring with this project.

### Volunteering

Lastly, I volunteered in the community. Volunteering is a specific form of participant observation because these were instances that were not planned or carefully orchestrated. I purposefully sought out the food pantry, the hospital, and the doctors' office. However, there were times that I went to visit someone in the community and they asked me to help with something or I would interview someone and they would inform me of an event happening in the community and I would help with the event. I did this because I saw every person, every moment, every interaction as an opportunity to learn; I didn't want to miss out on anything.

Even when conducting my pilot study, I volunteered. I signed up to do one task, but would end up doing something completely different. Rather than become upset that I wasn't able to do a particular task, I viewed it as a new opportunity. Volunteering gave me a chance to be intricately woven into the fabric of the community. It allowed me to give back and emerge as an element in the pattern of everyday, lived experiences. During such participant observation, I not only learned information that would help with my project; I also became a member of Cedar Springs. All the methods used in my

ethnography helped me to understand the artifacts and interplay of stigma and social capital through various lenses. Combined, I was able to continually refract through them and pull together elements of lived experiences and focus on various aspects in a multitude of ways.

## ARTIFACT ETHNOGRAPHY

An ethnographic approach is the best method to gather data to assess the relationship between the understanding of social capital and how it is manifested in cultural artifacts. As explored in Chapter 2, an in-depth ethnography allowed me to understand the dual nature of the cultural artifacts, as both the actual and the embedded representations of the relationship between social capital and social issues. Reading I had done prior to entering the field left me feeling as though key information might be missing, most notably the voice of the Appalachian. Some ethnographer, such as Keefe (2000), Nesbitt (2000), and Gottlieb (2001), begin to place Appalachian voices. For instance, Gottlieb (2001) shows that individuals within Appalachia first understand themselves through culture memories which are founded in the attachment to place and community; while Nesbitt (2000) addresses the difficulties of conducting an ethnography in which the researcher is considered both an insider and outsider in the Appalachian region. This project builds on and seeks to connect to these studies.

According to Carrington (2012) and Dant (2007), it is useful to employ an artifact ethnography because everyday objects lend themselves to communicating complex social problems, usually through the interactions that individuals have with them (see also Twiss 2012). During my time in Cedar Springs, I spent Thanksgiving

with one of my gatekeepers. She told me that her father-in-law was coming over for Thanksgiving and that I should talk to him about which artifacts to examine. He was an older gentleman who jumped from conversation to conversation; oftentimes I felt myself cycling through expressions to appear as though I was cognizant, but I really thought he was off in his own world. Much of what he said contradicted other conversations I had in Cedar Springs. I quickly found out he taught Appalachian folk art. He tried to tell me that Appalachian culture was synonymous with folk culture. I strongly disagree with this; it is something of the past. It would be like saying to understand the Scottish culture I need to constantly discuss William Wallace, Robert Burns, and kilts.

Based on discussions so far, these themes and the depths at which they are presented would not have emerged, except when utilizing an artifact ethnography. Bell and Geismar (2009: 3) indicate that the study of materialization, which is similar to artifact ethnography, allows the opportunity “to capture the vitality of lived processes by which ideas of objectivity and subjectivity, persons and things, minds and bodies are entangled”. Throughout my substantive chapters, this notion and the entanglement of the three objects themselves are made apparent.

Current ethnographic accounts support the need to re-examine Appalachia and the methodological choices made here. It is useful to understand cultural artifacts as multidimensional and spatial records which allow conversations about culture and capital to be conducted. Consequently, “[m]aterial culture is a reflexive category insofar as its analysis includes itself” (Tilley 2001: 258). Moskow’s 2003 study identifies how Jewish women understand relations among their status group through different artifacts. It examined how the relationships they have assigned to and the meanings of artifacts

within their homes have helped them to transmit their culture to their children and allow for its continuation within their community. These processes are also found in this project, but delve deeper into the relationship of social capital with the artifacts, or the ways in which the artifacts allow us to see how social capital and stigma operate.

### *Homes*

The mobile home remains the iconic image of the home in Cedar Springs, and the Appalachian region more widely, and is often the artifact associated with socially undesirable groups of people. It has been documented in texts (Williams 2002; Twiss and Mueller 2004; Eller 2008; Kusenbach 2009; Milstead 2012); film (Sawyer 2009), and in residents' everyday talk. The mobile, or more broadly physical, home in Cedar Springs represents ownership, power, and agency. Many of the individuals I spoke with said their trailer (mobile home) might not look like much, but they own it. The land on which the trailer resides is also typically owned by the inhabitant.

I have been told that people do not use street signs because many people have lived here for generations and the landmarks have been here for as long as they have. Driving from Lexington to Cedar Springs was an eye-opening experience. You drive on a beautiful highway that cuts through the mountains, the fall foliage is absolutely stunning, the trees appear to be on fire with reds, golds, oranges, and occasional greens, like various hand-picked flowers, bouquets decorating this splendid mountain range. The foliage is broken up by periodic houses, businesses, and vehicles that peek out. Most are hidden, and many are dilapidated and 'grungy'. By most people's standards, these houses are undesirable, maybe even white trash. There are periodic outhouses, and



visible street names are unique to the region (such as Ma and Pa Road, Turtle Creek, Mission Lane, the Miller Lane, etc).

While having coffee with a family after church, they began talking about what they thought I should examine in the region, becoming very passionate about mobile homes. Outside of the region they are seen as white trash, ugly, cheap, contaminating. Here, it means something completely different. One aspect, I learned, was community. People buy mobile homes close to their families and have a strong kinship tie to the community; they know their neighbors, they don't have to travel to see relatives, etc. It also illustrates that the land here is not smooth enough to build large homes. In reality, it's a wide range of socioeconomic classes who all value kinship, close community ties, and respect the land they live on. This is in contrast with other suburban or urban areas in the United States where this would not be possible. This will be explored further in chapter 4.

#### *'Welfare Check'*

Another object frequently associated with the region and Cedar Springs is the 'welfare check'. This has been an iconic artifact in the region since the 1950s and continued to be so when the War on Poverty was launched; it was even discussed by Caudill. Also while speaking with a hospital administrator, one fact that stood out of place was we were discussing welfare she said that many kids will act terribly at school in order to get a 'welfare check'. I would also like to note her response because it is such a harsh reality. Often, parents will receive checks if they have a child with behavioral issues; so she indicated that children will misbehave because they know it

will help out their families financially. The ‘welfare check’ is a highly contentious artifact because its presence is undeniable in the region, but attitudes towards it and purposes it serves are as varied as the types of foliage found in the region.

I also spoke with many individuals who were very diplomatic about the ‘welfare check’ – they wanted to present both the negative and the positive, not just the popular. One woman told me about homes, welfare and government programs: It was very refreshing to hear her story as someone who has lived on welfare, lived in abandoned schoolhouses, and has been in an abusive relationship to say it’s fine if unwed mothers get on the Women, Infants, and Children (WIC) program. In her opinion what the government should do is only accept individuals into assistance programs only if they agree to educational courses. She indicated that many of the financial issues that Appalachians face are a result of not learning basic skills such as saving or investing.

However, when the notion of welfare is discussed in Cedar Springs and the region as a whole, it is usually viewed negatively, often synonymous with victim-blaming, and sometimes used to characterize the region (Straw and Blethen 2004; Eller 2008; Portelli 2011; Abramsky 2013). Michael Harrington (1962: 42) notes how one reporter viewed financial assistance in the region: “[r]elief has become a way of life for a once proud and aggressively independent mountain people”. Caudill made claims throughout his seminal book that the people of this region were prone to immoral behavior, and this is the stigma that has anchored itself to the notion of assistance.

This is a harsh and dark color with which the Appalachian people have been painted. This conflicting representation juxtaposes fraudulent activity with historically noted individuals, who literally carved a community out of the unforgiving terrain

(Williams 2002; Drake 2004; Biggers 2005). I was curious as to what were the residents' perceptions and understandings of the 'welfare check'. After six months in the field, 45 interviews, and numerous events of participant observation, the 'welfare check' is further complicated because different ideas emerge from it.

The 'welfare check' represents power, agency, authority, oppression; it is a social response to the effects of globalization and the ever-increasing American attitude that ascribes a higher amount of social capital to formal education. The 'welfare check' further serves as a wake-up call to Americans to shift the appropriation of social capital to various forms of tradesmanship, social programs, and areas of stigmatization. This will be discussed further in chapter 5.

### *Glucose Meter*

The glucose meter is a useful and complex artifact in Cedar Springs. Diabetes is a highly significant issue in the community and region, and the prevalence of the disease is also used to stigmatize and marginalize residents. The region is encased by highly enforced social boundaries, coupled with dangerous and potentially fatal terrestrial boundaries. As a result, medical care does not offer the same qualities as medical care in suburban and urban areas. The transition from a post-industrial society combined with inadequate health care allows for debilitating diseases such as diabetes to run rampant, because notions of convenience and access alter how people view their time and the changing requirements for living. An example of this was found in the field is that people would tell me that often, patients would wait until something was dangerous for their health before they would see a doctor. Their reasoning was two-fold: they did not have the funds to pay for medical care and often doctors are located too far to access.

When I first arrived in Cedar Springs, I met the wife of one of my gatekeepers there; she is very nice, motherly, and after we chit chatted for a bit, I really felt like she was someone I could trust, someone who would take me under her wing. I told her about my project and what I was looking for. She came up with some interesting artifacts. I told her at first I was thinking about looking at a diabetes test kit since there is such a high prevalence of the disease in the region and that it ties in with culture, diet, foodways, health care, etc. She said that if you talked to anyone in the region, they will tell you that their diet and diabetes is not a problem. She said people don't think it's a problem because they are living and eating the same way that previous generations of their family had lived and eaten and if they were able to survive then, there isn't a problem with it. She said this is one of the reasons that people don't like outsiders; they come in trying to prescribe a solution to a problem that people in Appalachia don't see as a problem

In contemporary society, our lifestyles have changed, and with that, our understanding of health and access to health care is undergoing a change as well. While diabetes is a physiological problem, it is also a social epidemic which manifests itself in a region's economy, the stigmatization of a region's people and the attitudes of community residents. Diabetes significantly affects a person's ability to acquire and efficiently utilize social capital. It is also used as a tool to stigmatize an individual, and in some cases a community, and it ultimately disadvantages an individual economically, educationally, and fatalistically alters their understanding of self and their role in society. Issues such as these are discussed at length in Chapter 6.

## AUTO-ETHNOGRAPHY

Part of this thesis is also auto-ethnographic. I used my experience with the disease diabetes as a platform to encourage individuals to talk about health-related aspects in the field. Reed-Danahay (1997: 9) supports this method by claiming that “auto-ethnography is defined as a form of self-narrative that places the self within a social context...[i]t is both a method and a text”. By employing this method, I placed myself within the social context of the community members I was engaging with. Furthering this, Custer (2014) advocates for auto-ethnography because there is an inherent strength presented in the research when the researcher eliminates boundaries by placing themselves within the work. Foley states that “[t]raditional, theoretical ethnographers are quick to dismiss auto-ethnography as a self-indulgent, narcissistic ‘diary disease’” (2002: 475 cf. Geertz 1988). But Geertz (1988) examined the unique and critiqued phenomenon in which the ethnographer is an author. In doing so, he questions if it is narcissistic or capable of offering a different view. At various points, I infuse my experience into the ethnography; it is potentially unnoticeable except for the chapter about the glucose meter. However, by invoking my experiences as a diabetic while investigating the glucose meter in Cedar Springs, I argue that my behavior is not narcissistic, but rather acts as a bridge by which to understand my research community on a personal level. Issues surrounding health are personal, and investigating them can be seen as intrusive. Due to my history with the disease, I communicated with my research community that I understood what they were going through. Additionally, because of my long history with the disease, I am better able to position myself in the research community to translate terms they are using, understand attitudes, beliefs, and

better gauge their positionality with the disease, the artifact, and the effects on their identity and status, perhaps more so than a non-diabetic would be able to do.

Relatedly, therefore, the language used in this project is purposeful; it is meant to be easily accessible to various groups. The language constantly transitions between explaining the project in theoretical and sociological terms, but then is coupled with everyday language, observations, and experiences. As a result, I hope this project is accessible, usable, and enjoyed years after its completion, by policy practitioners. This coincides with Foley's (2002: 484) idea that to write in everyday language is to allow people "to engage and learn from what is left of [one's] anthropological voice". This aligns with what Reed-Danahay (1997: 2-3) said of auto-ethnographic writing, "auto-ethnography stands at the intersection of three genres of writing which are becoming increasingly visible...and "autobiographical ethnography," in which anthropologist interject personal experience into ethnographic writing". For the most part, auto-ethnography has been assumed to be more "authentic" than straight ethnography. The voice of the insider is assumed to be truer than that of the outsider (Reed-Danahay 1997: 4). Whether true or not, my voice is inevitably entwined with that of Cedar Springs, particularly with respect to the glucose meter.

### *Gaining Access to the Field*

One of the aspects that make this project so unique is that according to my informants, I was the first researcher over a span of several decades that did not enter the region dictating information. I was also the first researcher who gave the research community ownership by telling them that this was their opportunity to tell me about

themselves, about their region. During the first six months of gathering data, I came across many people who work with Appalachians or work in the region, and who still believe that residents are unfamiliar with what is being said about the region. When I interviewed individuals, they knew what had been written about them, what was being said, and they had seen popular documentaries. This interaction cemented my role as a liaison between my research community and the rest of the world. My role was not to prescribe a project, but rather to relay information from the field.

## DATA COLLECTION AND ORGANIZATION

### *Field Notes*

While in the field it was important to take as detailed notes as possible regarding every occurrence that took place because they are a detailed record of the field and are later used for interpretation (Agar 2008). Field notes are an essential component of ethnographic research, and “the flexibility of this method is a considerable advantage” (May 2011: 177). In fact, “the writing of field notes is virtually the only way for the researcher to record observation of day-to-day events and behavior, overheard conversations, and informal interviews, which are the primary materials of participant observation” (DeWalt and DeWalt 2011: 141). Field notes should occur when writing about observations and points you want to refer back to or places you want to visit, because of this, field notes are working notes (Agar 2008: 162).

The process of taking field notes was similar to a daily de-briefing of events. I would begin my morning by dictating notes to myself about my plans for the day. Throughout the day, when time would present itself, I would continue dictating the day’s

events, thoughts that came to mind, research questions which occurred to me while in the field, attitudes and behaviors of individuals, and vocally illustrating the scene of events that occurred during the day. As time in the field continued, my field notes began to center on my interactions with the people in the field, and my observations of attitudes, reactions, and responses officially and unofficially towards the objects chosen for the study and the (mis)understanding of social capital.

### *Transcription and Coding*

I transcribed four of the interviews and an independent agent transcribed the remaining interviews. I noticed when I was transcribing the tapes that I was involuntarily omitting information by writing down what I could recall instead of putting down what was said word for word. To counteract this, I employed a transcriptionist; and after she completed the transcription process, I listened to the tapes again while reading the transcripts to ensure they were verbatim. The audio files were numbered and a catalog of the participants and their number was kept secure. Only I had access to this information. Throughout the coding process, I listened to the tapes numerous times, and would go back and listen to them when ideas emerged on how to categorize the data. After confirming this, they underwent a three-tiered coding process. The first process consisted of open-coding them for the following themes: diabetes, mountains, homes, financial, and culture. When this was completed, they were then compiled into new documents by code. At this stage, transcripts were reviewed to discover further themes, and finally organized numerically according to those themes. These numeric codes were then used to create new files. Lastly, these numeric themes were organized to construct the overarching themes for the substantive chapters of the thesis.



## *Reflexivity*

At the beginning of a project, a researcher tries to remain as much on the periphery of the community that they are studying so that they can obtain a full and nuanced scope of the community and its daily activities. Rather, with each passing day, one becomes more enmeshed with the community under study. The researcher begins to understand local issues from the community's perspective, build relationships with the community members, and eventually sees themselves as part of the community.

Reflexivity “obligates the researcher to embrace her/his personal indebtedness and responsibility towards other individuals” (Foley 2002: 475). Due to the highly reflexive nature of ethnographic research, it was imperative to approach my study and the interactions with people as objectively as possible while in the field. Therefore, I analyzed the knowledge of the culture to gain access, not to presume what I encounter while in the field. Structured and detailed notes of the purpose of my research questions helped to remind me of the objectives of my study. According to Gans (1982: 403), as long as a researcher is actively re-evaluating his or her position in the field, then the location of self with and in the project is not problematic: “[a]lthough identification can detract from the objectivity of the research, it need not to do so – especially if the researcher knows what is happening to him”. Fieldwork is a grueling method for social science research, but also highly rewarding, allowing the researcher to completely immerse themselves within the community being researched. As a result, a plethora of organic relationships, ideas, bonds, and networks are established, which only further augment the validity and reliability of the research.

## ETHICS AND LIMITATIONS

This project passed a Level 1 ethic self-audit form as outlined by the University of Edinburgh. It concludes that it meets all ethics standards as set forth by the University and by the American Sociological Association and the British Sociological Association. According to Murphy and Dingwall (2001: 341), ethnographers need to be careful about upholding whether their work is beneficial and non-maleficent at all times, but this becomes most evident when they write about their behaviors of the research community: “[b]y uncovering such behaviors, ethnographers offer tools for those with power to control or manipulate those without it”. Since many of the relationships an ethnographer makes in the field are friendships with community members, questions about whether these bonds are ethical are raised. Whether conducting interviews or participant observation, issues of consent and anonymity need to be addressed. Obtaining consent while conducting participant observation can sometimes be difficult. According to the American Sociological Association, “[s]ociologists may conduct research in public places or use publicly available information about individuals...without obtaining consent” (2005, section C). Consent to use information gathered in an interview was done so by using a consent form. By doing this, I gained consent according to the guidelines set forth by the British Sociological Association, the American Sociological Association, and the Graduate School at the University of Edinburgh. While conducting the semi- structured interviews a formal consent form was used. This consisted of a letter (Appendix) providing information

about the project and a consent form (Appendix). The consent form provided an opportunity for a participant to withdraw their information from the study at any time or to choose not to participate.

No research project is without shortcomings. The first shortcoming of my project was the timing (October 2013 until April 2014), mainly during a particularly harsh winter. It included many bad snow storms which caused event cancellations, being snowed in at home, school being canceled, and people being unable to attend work. Because of this, I was not able to schedule interviews until after January, largely in the last part of February and the first part of March. Gaining access into the field, building a rapport with the community and establishing who you are as a researcher, although crucial for the research, had to be postponed until the weather proved sufficient. Also, being in the field during the winter presented potentially dangerous situations for myself; there were times in the beginning that I was snowed in in the cabin which was located in a very rural aspect of the community located at the bottom of a hollow.

This project examined the relationship between stigma and social capital as presented through interactions and discussions around three key artifacts. Careful attention was paid to these interactions so as to not cause any lasting harm to the residents of Cedar Springs. As a result, one of the limitations is in the depth of witnessing or recording the interactions of residents with the three artifacts. I was able to visually see the home, but the majority of my analysis of the relationships individuals have with the three artifacts is through interviews and candid conversations. Due to the length of time spent in the field and the level 1 ethics review, I was not able to fully

witness individual's interactions with the artifacts. Future research would require more time in the field, particularly setting up avenues in which I could participate and witness individual's interactions with the objects. Additionally, since the further probing of interactions with the artifacts would be of a more delicate nature, a higher review process would be required through an institution and more involved gatekeepers.

Lastly, I used purposive sampling methods in selecting field sites and snowball sampling to gather interviewees. My informants were primarily older adults in their 50s and 60s. Despite engaging in various activities to draw a large heterogeneous sample, I was unable to interact with members of the community that were representative of other age groups. This limits my ability to apply and test Bourdieu's theories on inter- and intra-generational mobility. Now that I have outlined the methodological framework, I would like to move on to discussing the individual artifacts. The first artifact I would like to discuss is the home and how it helps us to better understand the relationship between social capital and stigma.

## **Chapter 4**

### **Homes: Remodeling Social Capital**

The region is absolutely breathtaking; the Smokies draw their name from an enveloping smoky haze that seems to emphasize, rather than dull, the various shades of blues and purples characteristic of the mountains. There is a calmness that is entrenched within these hills, a calmness that both reassures and suppresses the area and its people. This is how you feel on a mountaintop, overlooking hollows that are drenched in magnificent hues of bright, unadulterated colors. The hollows themselves are unique because they are natural, structural, and social pockets of life. They allow residents to feel safe, for those who live in them, and for those who do not to critique their inhabitants. They are romanticized, ostracized, and are essential to understanding the community. One cannot help but feel as though one is straddling a chasm of curiosity and pain, creating a division of reverie for the residents and condemnation for a culture that has often been the setting for folklore, but never fully explored in the present. These mountains are a social sponge, which have soaked to the point of saturation a history and a culture that, at one point beginning in the 1600s, was definitive for the entire country. Now, it is tucked away from America's conscience, just like the wildflowers in the hollows.

Before I found my permanent fieldwork site, I made several journeys throughout the Appalachian region. At various times a few years earlier, I had driven from Texas through Louisiana, then up the spine of the three major mountain ranges on the east coast of the United States: the Blue Ridge Mountains, the Appalachian Mountains, and the Smokies. Each time something mesmerizing and magical happened. No matter how

many times I drove this route, it always captivated my senses and evoked pride. This area holds a tremendous amount of history for Americans. Many residents of the region can trace their roots to this area. For many, including the residents of Cedar Springs, their roots are a mixture of many cultures and they are still very real, tangible, and as important as presumably it was to the emigrants who settled in the area several generations ago. This ethnic identity is important because many residents feel that this lineage has bequeathed a sense of hardiness and cultural sustainability, despite the ever-changing social scene.

As I now set out to investigate potential fieldwork sites rather than visit as a tourist, the journey took on a different perspective: for the first time, I was truly looking at the landscape, the structures, and the people within the region. A pervasive image in the American psyche is that homes found across the Appalachian region are often criticized, depicted as dilapidated, disheveled, and not suitable for living. Local photographer Shelby Lee Adams (1993; 1998; 2003; 2011) has shaped this image through visual depictions of Appalachia which are permanently on display in prominent institutions such as the Smithsonian American Art Museum. While my photographs from the field are somewhat similar, I tried to capture the breadth and variation of homes within Cedar Springs.



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<sup>2</sup> Adams, S. L., 2013. Shelby Lee Adams: Environmental Portraiture Workshop at Aperture.  
<http://aperture.org/shop/shelby-lee-adams-environmental-portraiture-workshop>.

<sup>3</sup> Adams, S. L., 2006. Exhibition: Appalachian Lives. Faheyklein Gallery.  
[http://www.faheykleingallery.com/photographers/adams/exhibition/appalachian\\_lives/adams\\_ex\\_appliches\\_32.htm](http://www.faheykleingallery.com/photographers/adams/exhibition/appalachian_lives/adams_ex_appliches_32.htm).

I soon understood that homes in the region embody a distinctive sense of self, identity, and meaning for their inhabitants. In order to begin to understand this experiential complexity better, I volunteered with an organization that repairs homes in the Appalachian region. I was not quite sure what to expect when I signed up, but I was hopeful that it would give me insight into the analytic avenues I should pursue. The home that I was assigned to work on belonged to a gentleman – whom I will call Dan – and his girlfriend; the home was tiny and short, in that by looking at it I felt I would need to duck into the doorway in order to accommodate my 5’7” frame. It had a shed next to it, which was utterly terrifying to me because it looked like a strong wind could blow it over. In the gravel driveway, stood a truck with a sticker of a coal miner squeezed into a coal seam, saying ‘Coal Keeps the Lights On’. I noticed that this sticker was ubiquitous across the region; almost like seeing ‘Abortion Kills’ bumper stickers in the Bible Belt of the United States. The home is in a tranquil area, giving the sense of an exquisite postcard. The only sound you can hear is Dan’s television. A creek runs right next to the railroad tracks, which are no more than seven feet from his front door and I imagined years ago that they carried fully loaded coal cars down from the mountains. I wonder if it is painful for Dan when he sees carloads of coal so close by, if he misses the work that has defined him and in which he can no longer participate.

Dan and his girlfriend are missing several teeth, and they speak about their numerous health problems in an English dialect common to Appalachia. But both are also very happy and proud of where they live. In their words, they do not know anywhere else, would never want to live anywhere else, and are very proud of the area that is not only their home, but also their life. Inside, the house appears to be a



throwback from the 1970s, although it is much older. There is a shrine to Elvis Presley, because “that is what the little lady wants”. While we set up, we inquired about the man of the house. Dan said he had been promoted to \$16 per hour on the day he hurt his back, and so he has never been able to collect on it. It is not unusual to hear of stories in which coal miners never received financially for all of their sacrifices. Every day when I went to Dan’s house, I was so captivated at how the summer sun illuminated the colors of the mountains, it looked as though it was shining a spotlight on the homes in the area. One day, I decided to take a walk along the railroad tracks in front of Dan’s house.

The tracks were both beautiful and tragic. Surrounded by some of the most picturesque and breathtaking landscapes in America, the rotted wood and rusted spikes that speckled with chunks of coal and fool’s gold told a different story. They were tangible evidence of an often misunderstood and colorful culture that has somehow been paused. In the minds of Americans they seem to represent one episode or a moment of the region’s past. A pause in which it neither moves forward nor is it allowed to contribute to wider contemporary conversations. The people that live in this region, particularly the residents of Cedar Springs, grapple with these paradoxical feelings surrounding their homes. For my informants, their dwellings are homes and simultaneously evidence of history, heritage, and economic or social (im)mobility within the community. Yet to outsiders, residences in Cedar Springs might be called shacks and raise often conflicting images and ideals. Because of this paradox and the ways in which it shapes physical rootedness and social mobility, the home becomes a focal point around which to disentangle knotted notions such as these.

The home embodies the social institution of family. It is where identity is

formed, cultural mores and norms are learned, and, knowingly or not, it is the first stage in which individuals come to learn about social capital – its acquisition, utilization, and how stigma can affect it. As was stated in Chapter 2, stigma is an element which impacts social capital. For many residents in Cedar Springs, owning a home yields high social capital. The home is also the cultural nucleus that residents use as a starting point for understanding the placement of families and how they acknowledge and revere the cultural history that allows them to reap the benefits of owning a home. However, the home, or rather the physical appearance and type of home owned, is used to marginalize individuals and place them into socially constructed categories. They seem to be penalized socially on the appearance of various types of homes.

What is a home? Regardless of which dictionary one consults, multiple definitions are found, ranging from: dwelling places, geographic locations, a place in which one's identity is formed, the location where values and mores culminate to create a culture, and even a spatial concept in which ideas may flourish. According to Alison Blunt (2005: 506) by examining the home, we unearth notions of “materiality, embodiment, transnationality, and the non-human world”. She claims this is done by reviewing the architecture and design of the home as well as the social relations of the home. Shelley Mallett (2004: 62) critiques the literature on homes, claiming that characteristics of a home are, “(a) place(s), (a) space(s), feeling(s), practices, and/or an active state or state of being in the world”. However, she quickly asserts that the answers to these questions are as varied as the literature that attempts to disentangle these notions. Perhaps, the best conceptualization of the home for this project is that offered by Kidd and Evans (2011: 754), who wrote that a home is a platform “that

involves an interaction between something physical/spatial and a place where various personal relationships and social institutions are lived out”. That is, a home can be understood as a sociological institution in which culture – particularly cultural and social values – is cultivated and (re)produced.

In following this literary foundation, this chapter will accordingly examine how the home paradoxically provides protection and safety while also creating a barrier to mobility and change. In doing this, I illustrate that strong kinship ties are both a response to, and protection from, the effects of poverty and stigma in the region. By examining ‘the home’ within Cedar Springs, I hope to place it into conversation with common understandings of rootedness and social mobility, particularly how the home is entwined with stigma. This analysis reveals possibilities for social capital.

As noted in our interpretation of Goffman’s work (see Chapter 2), the stigma associated with the various types of homes breaks down social capital – most notably bonding capital – because people assume that individuals and their social identity can be read from their home. Categorizing individuals based on their homes creates fissures in an otherwise highly cohesive community. By doing this, community members – whether knowingly or not – disrupt the opportunity for bonding capital to continue and flourish because push and pull factors within the community cause distrust between members, ultimately causing weakness in the bonding capital within the community. Due to the placement of the homes and the demographics used to separate types of homes, the community of Cedar Springs becomes comprised of different groups. Those who live in socially desirable homes stigmatize against those who do not. Yet, within these two groups bonding capital remains strong – but not as strong as within the

community as a whole. Furthermore, Putnam offers insight into how communities and trustworthiness allow social capital to flourish, mostly in formal organizations, and we apply this to the work that the home is doing within Cedar Springs. However, this project challenges this by illustrating the element of trustworthiness and social capital in a rural community is primarily through informal organizations. To understand the relationship between stigma and social capital, we must first revisit the kinship bonds found in Cedar Springs.

One of the most significant features of Cedar Springs is its very strong sense of community, its cohesiveness. During my fieldwork, this defining characteristic very quickly became apparent. Because of this, Cedar Springs has an abundant amount of value, which is evident in potential resources and networks. The networks and resources available to the community are first established and understood by the intrinsic relationship that the community members share with their homes. This is important to examine because these relationships can either cultivate or impede access to wider community and extra-community networks that, I argue, directly affect possibilities for social mobility for community members.

As suggested in Chapter 2 we will see in this chapter that bonding capital can be used to marginalize individuals. This is most notably seen when individuals choose not to associate themselves with, or speak with little regard to, individuals who live in what is regarded socially as an unacceptable home – most notably a mobile home. Additionally, as discussed in Chapter 2, the notion of stigma and how that influences the utilization and acquisition of social capital are evident when discussing the home because, as will be noted in this chapter, an individual's home is potentially used to

stigmatize and make assumptions about that same individual's identity which influences, in particular, bonding capital. In order to understand this aspect of bonding capital better I draw upon Bourdieu and how he uses it in combination with material culture. Bourdieu offers insight into material culture and its association with capital. He sums up the social and visual landscape in a way which easily applies to what I witnessed in Appalachia:

Economic choices in respect of housing, whether to buy or to rent, whether to buy an old house or a new one and, in the latter case, and whether to buy a traditionally built house or an "industrial" one, depend, on the one hand, on the (socially constituted) economic dispositions of the agents-particularly on their taste-and economic resources they can summon and, on the other hand, on the status supply of dwellings. (Bourdieu 2005:15)

He also writes that the home is "one of the chief means by which the domestic unit ensures that a certain transmissible heritage is accumulated and preserved" in regards to social production (Bourdieu 2005: 21). In this context, the home becomes an arena in which social capital is accumulated and transferred to different generations. As will be seen in this chapter, strong community cohesiveness and reliance on kinship significantly dictate the choice and placement of homes in Cedar Springs and, furthermore, influences the mobility and access of community members in other areas of their lives.

In Cedar Springs, many residents are not members of formal organizations, but rather they subscribe to a larger, older, and often overlooked informal organization – the family – which proves useful in understanding social capital in their community. The residents see their immediate family members and the rest of the community as

belonging to one giant family. Often while in the field, I was told that residents look after one another, that they are vested in caring for their neighbors because oftentimes that is all that they have. Through historically prominent times of distress, community members felt cushioned because they could rely on their neighbors. However, as time progressed and growing demands for adequate housing and economic security rose, families and community members began to distance themselves from individuals who lived in particular areas or dwellings because they felt that they were displaying undesirable behavior. For example, when the mines were closing, it was not uncommon to hear of multiple families using government assistance; but as time progressed, individuals who utilized government assistance or allowed their homes to be in a state of disarray were seen as socially and communally undesirable. The strong community cohesiveness that sheltered them from the distressing elements of the larger American society now shows signs of being weathered.

Lastly, the home helps us better understand Bourdieu's notion of social capital in regards to social inequality. The residents that I interviewed were of a previous generation, generally aged 50 years and older. They spoke of community cohesiveness, caring for each other, and protecting their children from 'what's on the other side of the mountain'. Many of the people I spoke with were conflicted: wanting much more for their children and grandchildren, but also admitting their fear of what was beyond the geographic boundaries of their community. They indicated that some community members attended college, but did not survive past their first year because they were not equipped to handle being away from Cedar Springs. Many residents spoke about initiatives to encourage the younger generation to stay home – despite a severely

declining economy and lack of resources. While in the field, I was told that children chose to do poorly in school and refused to ask for help or supplies, because they know their parents would not be able to provide those resources. Residents, however, seemed somewhat accepting of this because many people wanted to stay within the community, despite economic or social mobility. Despite the economic decline, lack of resources or access to adequate health care, at least they knew their family would be whole, would be at home.

Additionally, this chapter illustrates the varying strengths of these relationships, and their influence on the community members' ability to access social networks beyond one's family, as most clearly seen in the paradoxical rootedness of the mobile home, and the ways in which the latter can hold back social mobility. I examine rootedness and social mobility ethnographically through the lens of the home as an artifact, and not by assessing attitudes or by measuring levels of social involvement in a community through engagement in civic and social organizations. This is because my fieldwork data suggests that the home is both the focal and starting point for understanding where community characteristics and social values such as trust begin to germinate. This chapter therefore first examines the home as both socially protective and as inhibiting mobility. Following this, I explore how the aesthetics of the home can become critical in cultivating either trust or marginalization within the community. The chapter concludes by re-emphasizing the effects that rootedness and social mobility have on a community such as Cedar Springs, as understood by shedding light on the character of the bonds that exist between community members and those outside of the community.

The existing literature and data that I collected in the field assume that much of

the marginalization that Cedar Springs' residents experience stems from the ways in which outsiders have understood them. However, as the chapter unfolds, we also see that the marginalization of community members is a result of misappropriating community characteristics such as trust. This causes community members to socially barricade themselves, as it were, by using their homes as barriers between outsiders and themselves. I argue that this sense of security is false, because the marginalization that community members experience stems from within the community itself.

Therefore, it hinders community members from accessing opportunities that could provide them social mobility, and thereby roots them even further. This is important because the conceptualizations of rootedness and social mobility can affect many aspects of a person and community's life. For the purposes of this project, we will see how it affects economic mobility, as understood through the 'welfare check' in Chapter 5, and through adequate access to institutions – particularly health care institutions – through the lens of a glucose meter in Chapter 6.

### ***Object of Protection and Prevention***

As noted above, to drive through Cedar Springs is to pass through an Impressionist painting. Blurred colors of trees changing for the fall season, mountains worn by time, and homes nestled into these protective barriers of the beautiful mountains, or just a few feet away from the Interstate. They can be mobile homes that are in a dramatic state of disarray or homes recycled from other materials such as an abandoned bus, with the words 'Nothin' Fancy' written on it. For some, they can also be icons of previous prosperous years such as the mansions built by the famous rumored coal barons, which sit at the top of the mountains overlooking the downtown area, and



everything in between. Sometimes they are stand-alone structures, other times they are grouped together, a clustered cultural composition that causes us to question who are the people that live in them.



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<sup>4</sup> Zimpfer, M. J., 2014. Bus seen while traveling around fieldwork site, the individual from the county office told me that this was a home and that for some individuals this is all that they can afford. Despite its appearance, people living in it are proud of it since they own the place. We can see that the owners mock it by painting 'Nothin' Fancy' on it. They have also placed curtains in the windows and taken out the seats and placed beds or furniture in it, according to the county representative.



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<sup>5</sup> Zimpfer, M. J., 2013. Mobile home expanded by the residents.



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This section examines how a home houses culture and cultural practices, and is also the physical manifestation of the resources and networks available to its inhabitants and, perhaps, to the community more widely. By exploring the multitude of meanings that the home has within Cedar Springs, one can begin to glimpse and perhaps understand the complex nature of what it means to be bonded as a community, but also how this, in turn, might orchestrate their own social marginalization, from each other and from the world beyond Cedar Springs. I conceive of this through an analysis of the misappropriation or misunderstanding of the tensions inherent in the opposing needs for

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<sup>6</sup> Zimpfer, M. J., 2013. House photographed while in the field, it is a site-build home with a brick chimney. It was also photographed on a lower level road next to a major highway, where there would not be any easy access to it.

both rootedness and social mobility, and how these can be quintessentially embodied in the reality and metaphor of the mobile home, above all others. One of the themes that wove throughout many of my interviews was this paradoxical notion of protectiveness and of barriers: protection from crime, from losing family members, and from the ascriptions of norms and values by ‘outsiders’.

It protects and offers a sense of safety from insecurities and stigmas perceived from outsiders – emotional, familial, and collective. These ideas will be explored later in this chapter, through the voices of community members themselves. I encapsulate this idea in this project as rootedness or as the experiences around being rooted. For many of the residents in Cedar Springs, their county and their homes are viewed as defenses, guarding generations of acquired property and cultural traditions. Rootedness is a metaphor which can help us to better understand the home in Cedar Springs. While roots secure, they also bind and protect them from the outside world, even if that is the next biggest city closest to them. This idea is intrinsic to a kind of culture that is perpetuated and nurtured within the home.

Most striking about the community is the abundance of mobile homes, suggesting motion and impermanence. The paradox is equally striking and significant: the rootedness of the mobile home. Yet the data on this actually suggests that the opposite is true in Cedar Springs. According to the United States Census Bureau, between 2009 and 2013, 39.6%<sup>7</sup> of the homes in Cedar Springs were mobile homes. In

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<sup>7</sup> United States Census Bureau. ‘American Fact Finder-Selected Housing Characteristics 2009-2013’. [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_DP04&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_DP04&prodType=table).

the previous report, for the years between 2007 and 2011, the percentage of mobile homes was 37.1%<sup>8</sup>. Not only is there great stability in the number of mobile homes, but also a small recent increase. This stability was evident in my interviews. According to Esther, a mother of three and a storeowner in Cedar Springs, these homes represent both a physical and social shelter for community members:

Our children in this area seemed to be so sheltered, it's kinda like... where you know the trees have put this barrier around us. A lot of the children, even the educated children, have a hard time going out into the world and establishing...they're so scared, they are so scared.  
(Interviewed March 26, 2014)

When I asked her to say more about this, she offered the example of herself and her children. She indicated that she wanted them to have a good life, to be happy, but she could not bear having her children away from her for fear of what could happen to them when they are away from home. As a result, her children live close by: one lives next door to her, the other in the community, and the third lives elsewhere but visits often. While telling me this, she bowed her head and shook it back and forth. Her posture seemed remorseful, but her tone was stringent. I inquired if, looking back, she wished that she had changed this attitude while she was raising them. She told me that while sometimes she wished she had, ultimately her community is safe, protected, familiar. How much of this is from fear of change, fear that progress will reshape everything that they know? And how much is genuine fear of the impositions of

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<sup>8</sup> United States Census Bureau, 'American Fact Finder-Selected Housing Characteristics 2007-2011. [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_11\\_5YR\\_DP04&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR_DP04&prodType=table).

outsiders? Despite her children being adults, she still sees them as young children and needing to be protected. She said later in the interview that “the parents around here do seem to be kinda protective, we protect our children more”, which suggests that the norm is to stay within the community (Esther, Interviewed March 26, 2014). This sense of the experience and need for protection is visible in the spatial layout of the homes. Homes belonging to various members of the same family often stand in close proximity. I return to and explore this social architecture or extended family homes composition later.

Wilson, a native of Cedar Springs, claimed that the homes, particularly the mobile homes, established a strong feeling of community pride and belonging: “the home being the place where family is, where you have a sense of security, a sense of belonging you know that’s very strong here” (Interviewed April 1, 2014). He continued to note that community members do not view their homes in terms of their materiality, meaning that their appearance has little precedent in terms of the intrinsic value of the home. For my respondents, close or distant ancestors and others who had lived in the home, or the dwelling’s location, are the determining factors of their home’s worth. Wilson echoed many in the community, saying: “we didn’t know we were poor until someone told us we were poor” in reference to the homes and how they looked (Interviewed April 1, 2014). While this statement is about economic status, it illustrates how an ascriptive barrier between the rest of the United States and residents of Cedar Springs prompted community members to cultivate such a strong community bond that almost transforms fellow residents into family members. It is suggestive of the ways in which they feel the need to protect themselves from ascriptions imposed from



‘outside’. As suggested earlier, the need for social and physical protection is manifested in the construction of the home. However, this structure allows for such protection but does not necessarily allow for economic and social mobility due to its rooted nature.

This idea can be applied to the home because community members do not view themselves as necessarily being clustered together, and they do not see the marginalization that occurs from strategically and architecturally situating themselves so close to other family members. In this instance, the social and spatial architecture of the homes also creates barriers, isolating the community. Indeed, outsiders often do not understand the local values associated with keeping kin close, while residents often fail to see the limitations of access to other social networks imposed on themselves by not being exposed to different neighbors. The result is a social-spatial architecture that creates a kind of rooted, barriered protectiveness. Angela, a lifetime resident of Cedar Springs who is also very active in the community, described to me in detail how deeply ingrained this protectiveness is within the community and how it stems from the home:

Most of the parents that I have come in contact with, they're very proud of their child to go to college because it breaks the monopoly; and hey he's the first in our family to get to go to college and the parents that are really wanting their children to have a future, they know that the way things are that it's not here, their future will not be here. Which I guess, like I said, haven't heard that, but I would presume it probably does...happen... or their child can't, how would you say, come out of being in a certain scenario of being in the hill. I think part of the problem is that they're so inhibited that a lot of them that has lived up in the hollows that come out of that and go into, like for instance Eastern State University, is such a major change of all these people around that if they're not, if they're kinda quiet, and they don't got a very pushing personality, they wind up quitting college and coming back home. (Interviewed February 4, 2014)

My sense was that this captured the essential experience of protection and protectiveness: nested safely in the home and in the hollow. Many of the residents indicated that everyone knows everyone here, people can feel safe; the mountains are both picturesque and protective. Suggestively, this stems from the desire for the residents of Cedar Springs to protect themselves from the threats on the other side of the mountains. Several community members spoke of the dangers on the outside – girls vanishing and higher amounts of crime, to name a couple (Esther, Interviewed March 26, 2014). For example, Sean said: “if you turn on the news [about] Lexington in the morning, there is always someone killed or shot or robbed – and how many robberies have you heard about since being in [Cedar Springs]?” (Interviewed January 29, 2014).

What I also noticed in the field is that individuals who strive for this protection, most of all, were individuals who lived in or came from the hollows. Individuals who were not originally from the town or who had the economic means to live in town, did not adopt this same protective and preventative attitude. The hollows, an area where two mountains meet, allow for the homes to be nestled within, and tucked away. In many ways, the hollows are just as important to examine as the homes in trying to understand this paradoxical notion of mobility and rootedness. Due to the unforgiving terrain, the hollows present an opportunity to build a home with some sense of stability. Residents spoke about how the hollows protected them from natural disasters, such as hurricanes and tornadoes, and from human disasters, such as outsiders or the government. Historically, the region has been subjected to government and industry coming in and taking minerals and land. Only around the 1960s did residents obtain deeds and other



official paperwork indicating ownership, to secure their land. Prior to this, they felt no need for protection or boundaries: people in the county knew who lived where and what belong to whom.

At the height of the coal collection era, in the 1970s and 1980s, private industry offered land deed rights to residents allowing them to live on the land while surrendering all mineral and coal rights. 20-30 years later, people were financially and socially bankrupt. Those who remained in the hollows were protected viewers of such industrial atrocities; therefore, the hollows and the homes within are protected monuments dedicated to the preservation of the community, its members, and their values.

During my time in the field, I often traveled between Lexington and Cedar Springs, and was repeatedly warned of certain issues in Lexington. In Cedar Springs, the only perceived danger was natural: driving on mountainous roads. Therefore, I conclude, the sense of threat appears to always be from the outside. However, criticisms are woven throughout the community. It is also interesting to note that the residents of Cedar Springs with whom I spoke acknowledged this protective attitude, and they acknowledged how it might shape their children's choices. Angela acknowledged the "inhibited and protectedness" that parents have within the community when younger generations want to pursue educational or employment opportunities outside of the community; parents become very protective and encourage them to stay within the community (Interviewed February 4, 2014). Parents know that in order for their children to do well, to have more than what they had, that they will need to go outside of the community; but parents become fearful of what will happen that they encourage the children to stay home.

Many people spoke about the tension between staying in the area and moving, or otherwise facing long commutes for work. Some claimed that there is no better place to live than Cedar Springs, despite the lack of industry. Caroline, who is originally from the Northeast of the United States and has lived in suburban areas, spoke about how the area “is relaxing and healing” (Interviewed January 29, 2014). Sean said he would “rather be poor and live in [Cedar Springs] ... than be poor and live in New York City”, because “in this area everybody knows everybody or at least they know some part of the family and there is always somebody willing to help” (Interviewed January 29, 2014). Echoing this attitude, Caroline spoke fondly about how people took her in, befriended her, and treated her as if she were one of them. She even spoke about how one family allowed her to live with them until she could get settled in.

The home is crucial, I think, in understanding this, because the family unit and the local culture situated within the home perpetuates this need for individual, familial, and communal protection. As a result, the home anchors and roots them physically and socially. For instance, Esther wants her children to stay close and as a result they have chosen to live next to her, literally within the span of a few homes. Pete and Sally live next door to their married daughter and her three children. In my fieldwork experience, I found numerous examples of this kind of familial social architecture of the spatial layout of the homes throughout the community. For example, Pete and Sally’s daughter has a college degree and she had many opportunities during her college years to have the career she wanted. However, she has chosen to return to the community, and this draws attention to the push and pull factors which affect community members’ decisions to stay in the community. This in turn directly affects their access to social and

employment networks beyond the community. While the community offers safety and familiarity, I cannot help but wonder at what cost.

Antonio and Kelly's family is very much rooted in the community. Antonio has a college degree and works for the county; his job requires him to create developments for the road infrastructure. Yet one wonders how having strong networks outside of the community might add to one's career, to one's life, and to the community more generally. The ties within the community are strong and dense, and evidenced both by the interviews and in how people treat each other and know each other. In fact, family ties are often used as a way to exclude outsiders from the community. For example, Ashley, a native of a town next to Cedar Springs and a health care provider in the community, indicated that when she first moved to Cedar Springs, the residents could tell she was not a local. This is key in understanding how people react to individuals and use familial association to determine if someone is accepted into the community or not.

You know, I was an outsider. Just even where I live, and I'm only 52 miles away this particular area... I would go into a lot of public areas and get stared at and they just, you know you would think, 'do I have something on my face?' you know, 'is something?', you know... it would just be them trying to learn you and figure you out who you are. (Ashley, Interviewed January 23, 2014)

Family is extremely important. It is used to identify people, to exclude them, and to take the strands of individual families and knit them together to make a larger family – a communal family. This provides a platform for numerous social networks to develop, but they are mainly bonding networks, which offer limited resources. Ashley said that upon first meeting her, her patients were very adamant about knowing her connection to the community:

Who are you [is] the first thing they want to know is who are you kin to. That is one of the first things they would ask, and I learned that there are people here [that] I was indeed related to. But ... they just, they just know.  
(Interviewed January 23, 2014)

Moreover, while many community members spoke of the fear of their children leaving, they also spoke of a ‘brain drain’, where those who obtain post-secondary education outside of the community do not return. What is so stark about it is that this is viewed within the community as a tension between two consecutive generations: parents and children. This tension is paramount for residents in the community, and it is found at the center in our understanding of the home and its role in orchestrating individual’s choices.

To an outsider, these strong bonds may appear peculiar. Growing up, I considered myself to be family-oriented. I also considered myself to be very connected to the community, despite living in the suburbs and in a significant portion of Houston. I grew up knowing the people at the grocery store and bank by name. I have even visited the same dentist’s office since my first baby tooth fell out. So, as a researcher, I understand what a certain sense of community and neighborliness looks like from personal experience. However, the connectedness and close-knittedness I witnessed in Cedar Springs made me feel unwelcome in my own neighborhood. The strong bond is constantly enforced and it is done, I argue, as a response to several decades of outsiders penetrating the physical boundaries of the community. These penetrations are most notably associated with the government and the coal industry. But also, since the region is defined as severely economically dire, many organizations have come into the region, usually briefly, and dictated what they think the values and norms of the community

should be – despite the lack of establishing an exploratory dialogue with community members. The result is that now even stronger and more guarded emotional, familial, and social barriers have been erected. And these are all a response or result of stigma within and placed upon members of the community.

Esther claims there is a problem, that the community “hinders” the residents:

[There is] this barrier around us; a lot of the children, even the educated children, have a hard time going out into the world and establishing [themselves], they’re scared they are so scared and they are so close to their parents [that] they just can’t [leave]. It’s so sad a lot of the parents have not raised their children to be independent, they have not encouraged the independence” (Interviewed March 26, 2014).

Furthermore, Darlene, a native of the county who moved back after she retired from teaching, indicated that she returned because of emotional ties. The home and the area represented a lot to her, “it was where I was raised, you know, a lot of memories... I associate a lot with emotion” (Darlene, Interviewed February 28, 2014).

Emotions, fear, disbelief, pain, and isolation fuel many residents to remain immobile within the community, and possibly immobile within the greater society. In doing this, they are potentially severing their opportunities to establish networks outside of the community, which might allow them to pursue opportunities for lowering those barriers and engaging with other communities and social networks beyond their hollows. But many people told me that the community is first judged on the appearances of its homes, because the visualization of the home conjures specific notions of social mobility for those both inside and outside of the community.

### *Appearance and Representation*

As previously illustrated, the physical construction of the home can erect social barriers. In this section, I explore how the appearance of the home can conjure notions of stigma and deviance and how that significantly impacts social capital. Darlene volunteers at a local food pantry. She is deeply religious and I am almost certain she would give you the shirt off of her back if you truly needed it. To many, the appearance of their home is a moot point. What is valued more is that they own the home – that they have something big that belongs to them and cannot be taken away. In other words, home-ownership and agency prove to be highly valued within the community.

According to Darlene, the homes of Cedar Springs hold more social significance to their inhabitants than mere appearance would suggest: “if their family lived in the house, ya know, it’s mine now and I can do what I want to with it, and I don’t care if I remodel or if I don’t” (Interviewed February 28, 2014). One of the popular criticisms found within and outside of Cedar Springs concerns home appearance. When I first entered the field, I inquired about what I was seeing with one of my gatekeepers. He said that people own vast amounts of land because it has been acquired, bought or paid for outright through various generations, and so they simply buy a mobile home and set it on their land. The land and what it culturally embodies are seen as the underlying value. In much of wider American culture, a mobile home is associated with low socio-economic status, its inhabitants referred to with epithets, such as ‘white trash’. In this way, they are further stigmatized and marginalized. Yet, my fieldwork suggests that the mobile home within Cedar Springs takes on a completely different and very important cultural and social connotation. It means having a slice of the American pie, making it, owning

property, carving out a place of one's own. The mobile home on family land means roots.

People buy mobile homes close to their families and they have strong kinship ties to the community; they told me that they know their neighbors and they do not have to travel to see relatives. The number of mobile homes is also a response to the terrain of the land, the land there is not suitable to build large homes. A wide range of socioeconomic classes value kinship and close community ties, and respect the land they live on there. One community member indicated that the area has a higher percentage of homeowners than renters. Indeed, a 2009 to 2013 survey states that nearly three-fourths, or 10,052 of the 13,346 homes in Cedar Springs are owner occupied<sup>9</sup>. This is crucial, I argue, to understanding the local value of home- ownership. According to DiPasquale and Glaeser (1999: 12), "home-ownership may encourage investment in local amenities and social capital, because homeownership gives individuals an incentive to improve their community and because homeownership creates barriers to [geographic] mobility". An area with high home- ownership therefore ought to see greater investment in maintenance and acquisition of social capital. These efforts, however, are place-specific.

The appearance of the homes in Cedar Springs is important to explore because they visually communicate specific cultural mores and values of the community to members and outsiders. Without the cultural vernacular of Cedar Springs, the homes appear – as they in some aspects are - disheveled, tiny, dilapidated. But just as words can

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<sup>9</sup> United States Census Bureau, 'American Fact Finder-Total Population in Occupied Housing Units by Tenure 2009-2013'.  
[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_B25008&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_B25008&prodType=table).

have multiple meanings and connotations, so too can homes. They speak of daily struggles and accomplishments, life events that many outsiders could never fathom. In this instance, an outsider might try to see beyond the cracked and weather-beaten frame to the history, heritage, and values these particular homes represent for their inhabitants. For the residents of Cedar Springs, home-ownership is a core value, because for generations community members have had to fight for ownership: of their land, their homes, their identity. They value heritability and permanence over aesthetics.

However, while mobile or otherwise disheveled homes simultaneously convey familial value, they also challenge the norms of the community. As noted earlier, residents of Cedar Springs want to be known for a time when people took pride in themselves and their work. Many resources, such as schools, county departments, medical offices, Head Start Program Schools, and recreational facilities, are located in the center of town. A majority of the more aesthetically pleasing homes are also located there, whereas those dwellings, which benefit more from these resources, are further down in the hollows.

Scholars, such as Sobel (2002), argue that the home's location allows the inhabitants entry into or presents them access to special social networks. My observations in the field confirm and extend this, suggesting that even a home's aesthetics may ease or hinder access. The structure's appearance communicates differently – one audience (its inhabitants) sees ownership, whereas another (others in Cedar Springs) may see a lack of maintenance and care. These characteristics, I argue, allow or deny individuals access into multiple networks because they are differently perceived. Aesthetics are often used to 'place' an individual. Where someone receives



formal education, the neighborhood in which they live, and even their job title biographically sketch the social networks that they have access to. In Cedar Springs where you live (a hollow or in the center of town, a mobile or a site- built home) can and is often times used to understand the social networks an individual is (potentially) connected to. While scholars (DiPasquale and Glaeser 1999; Lochner, Kawachi and Kennedy 1999; Glaeser, Laibson and Sacerdote 2002) claim home-ownership adds to the potential for gaining access into social networks, my observations suggest that this is negated by the home's appearance. While in the field, I learned that home-ownership is a privilege, and it allows community members to maintain their rooted identity while believing that it also accords them some social mobility. Ultimately, homeownership is invisible and so less important than the home's visible condition.

Because so many homes are in disarray, they are viewed negatively by outsiders, and even by some community members. In this respect, then, the value acquired through home-ownership becomes almost moot. Kelly elaborated on this when she spoke about how the living conditions have not improved despite ownership, and that places are just 'trashy' (Interviewed March 30, 2014). Andrew indicated that in previous years there was not any garbage pick-up so people just did with it what they wanted (Interviewed March 22, 2014). Laura, who is a proud mobile home owner, spoke about how some other owners treat their homes:

Well, depends on what area you go in, what the homes are. Back in the mountains, usually people, it's people that are not, that don't have a lot and they live poor and they live in just whatever they can get uh like uh... even a lot of mobile homes here ya know. I think a lot of them, you see a lot of trashy places. (Interviewed March 11, 2014)

Abby also spoke contemptuously about some of the homes, how trash is around:

“[you’ll] see some very run down places and they’ll see some really nice places, too, and I’ll see the trash alongside the roads which I really hate” (Interviewed February 24, 2014). This was very disturbing for her, and she looked as if tears were about to well up in her eyes. She is from the region, has a strong admiration for her people, and wants to convey that it is a good area but also to highlight some of the issues. Larry, not native to Cedar Springs but who began working there almost a year before, discussed the trash that he sees in the area. He links it to how he, and presumably other people, understand the area: “I see trailer parks lined up with, you know, cars or trash and things like that in front of it, which kind of reminds me kind of just [what] the state is here, the state of the people” (Larry, Interviewed January 30, 2014). Area home appearances might affect the establishment of cooperation or bonds with those outside the community.

And yet there is a paradox here, too, because the state of the home and how it is received in the community is also linked with the placement and status of the community member. For example, there is this gentleman who is highly regarded in the community, works for one of the county offices, and has a deep love and admiration for the community members. One would assume that he would live in a home fitting someone of his financial standing. But while on a drive with someone from the Property Valuation Office, I learned that he lived in a tiny mobile home on a creek. When it flooded several years before, all of his belongings washed away. Due to his popularity and standing in the community, people helped him out. In this instance, his home was not just a physical structure but an embodiment of the community and its cohesion, and what spoke louder was his connections in the community, not the type of home he had.

His home was a reflection and embodiment of his community status, not his financial status, in other words.

The first two months that I was in Cedar Springs I felt myself constantly grappling with the homes I saw. Very soon I realized that while a majority of these homes were unpleasant to look at, just as the community members claimed in their interviews, the inhabitants of these homes saw them very differently. The homes are tucked away or hidden by the vast amount of foliage and mountainous terrain. The community and its homes are unique, as are their layout, how they look, and what they mean. The primary reason that the human eye is bombarded with contradictory images of these homes is because there are no zoning laws in the area. This means that someone can build a mansion right next to a shack with an outhouse if they so choose. Because of such contradictory sights, people would discuss the aesthetics and the zoning of the homes.

Zoning “is a legal process which reserves land parcels for specifically designated uses, zoning can segregate single family homes from apartments, restrict industry to particular locations, and create special areas for shopping or commercial purposes” (Shlay and Rossi 1981: 704). These laws help prevent scenarios wherein a maximum-security prison would be erected a few feet away from an elementary school. Zoning has also been criticized because it has historically been used to marginalize; this is often thought to be the product of changing attitudes concerning where various kinds of homes should be placed. In this instance, it was used to segregate people based on socioeconomic status, years later it would be based on racial and ethnic segregation.

Zoning is problematic in Cedar Springs because it does not exist; at least not in

terms of residential permits. When I inquired about the zoning laws in Cedar Springs, Thomas replied, “we don’t [have any], it’s left up to each city” (Interviewed, March 18, 2014). This becomes problematic because homes are clustered on land that has been in the possession of family members for generations. As a result, the history, culture, and attitudes associated with the spatiality of the homes become a blurry mess to the untrained eye. In addition to this, they create a visible tension between the different kinds of homes and their owners.

Andrew, a preacher and native of Cedar Springs and worker in a county office, gave me further insight into the homes in the community:

We’ve got a lot of people now, this is the mentality now, you start a home and a lot of homes and a lot of folks stay there until they die. They don’t move to another place, they take up residence, they have property they invested in it, and they just stay there. I know some folks that built their home when they was younger and now they’re up in their 70s they still live at the same place. It doesn’t look fancy like the other places but to them it’s home it’s always been what they’ve known and it’s always been where they’ve lived ...then we’ve got some homes here, million dollar homes that are really fancy and really nice. You’ve got a mixture of everything but you’ve got to look at the run-down homes and the fancy homes and say well why doesn’t this bunch have this? But you know, they’re satisfied with that, and it’s good and that’s what they like and they enjoy that maybe they didn’t have the money to do no better maybe they...the homes it’s all well some people need better they could use a nicer place but maybe it’s because of choice they stay there, you know, maybe it’s because of finances but we do have a mixture of them. (Interviewed March 22, 2014)

Here Andrew described the various homes and the reasons why he thought people lived in them. But the underlying theme, I think, is community. This rootedness and this reliance undoubtedly aid in the perpetuation of the community’s strong cohesive

bonds, but it might also, at the same time, inhibit or hold back certain forms of or opportunities for social mobility.

As noted above, I drove numerous times between Lexington, Kentucky, and Cedar Springs, and each time I was struck by the stark contrasts. Navigating my way out of Cedar Springs was like climbing out of a mountainous maze. Each time I saw new structures, despite traveling the exact same road every day. As I drew closer to Lexington, the mountains became shadows of their former selves, airbrushed on the backdrop of the landscape. The terrain leveled out, white picket fences divided up the land. In contrast to the ‘known’ boundaries of Cedar Springs – that is, known only to community members – houses closer to Lexington were clean, fresh, and they stood out in the open on the landscape, proudly displaying their pristine Georgian Columns and red bricked exteriors. Yet driving through Cedar Springs was confusing to me. A local minister, who has been in the region since the War on Poverty began, thinks that the homes are beautiful. To my eyes, these are decrepit, ramshackle houses with mold on them, pieces hanging off, and junk in the front yard. They show the same wear and tear that many of the owners do. To this local miner and to other residents, despite their appearance, there is pride associated with the home, a sense of accomplishment. For them, that is usually associated with moving up in the world. They own the home, the land, and with home-ownership come presumed notions of social mobility. This was a symbol of pride, family history, regional influence, community; and yet was it not also an anchor that rooted them? I had never experienced this before.



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<sup>10</sup> Zimpfer, M.J. December 1, 2013. This house was down the ‘street’ from where I was staying in the hollow. The different kinds and styles of home contribute to the mixed emotions that residents and outsiders feel about what the home is conveying.



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After hearing these sentiments emerge during interviews, the houses no longer looked abandoned or haunted, but began to seem like the embodied personalities of a community dedicated to and valuing its members. I began to understand the complex and paradoxical relationships among marginalization, rootedness, and social mobility, all concretized within the spatiality of the homes of the community. To outsiders, most of the homes are regarded as unfit for living. The home as a dwelling is complicated and often contradicts a sense of identity, status, and place. The home itself is a tangible and public object that protects, but is also a private place of personal heritage and community

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<sup>11</sup> Zimpfer, M.J. November 23, 2013. Notice how the snow and ice accumulate on this disused swinging bridge. This would have happened also when it was in use making it very difficult to cross in inclement weather.

history. For many, this is the primary reason for not purchasing a new home. It protects them from the dangers of the unknown, as stated throughout this chapter, and also preserves their identity. Others simply do not have the economic means to do so. Cedar Springs is a highly impoverished area. Saving up money for a better home or moving to another community where housing costs are lower are not viable options.

Laura, a native Kentuckian and retired garment worker, told me that she was happy to be living in her mobile home:

I am proud of my mobile home I live in, I'm proud I have it, not just thankful I have it but just proud, I'm thankful I have it and, and it's now...it's probably where I'll be. I won't make any other step I don't think as far as of right now, I don't think I would try to do anything else, cause like I said I live in my means. (Interviewed March 11, 2014)

Her mobile home is a source of pride and accomplishment, rooting her in her community and in her life. At one time she had a house, but after her first husband died and her children moved, there was no need to go into debt for a large house. When she spoke of her mobile home, she seemed to glow. Her home was her safe- haven, a new place with a new husband, but living an old dream. The home's mobility belies its function as an anchor in her life.

Edgar, who works in Cedar Springs' Property Value Administration Office, viewed the different kinds of homes and their appearances in more financial terms:

Some of them are bricked you know, porches on them, decks on them what have you, nice landscaping and uh if you can afford it, you have whole areas they could even build stick built houses on them. They just own the house but the land is like a lease things so there [are] two separate tax bill, one goes to the land owner and the other goes to the house owner. You've got all different shades of



that. (Interviewed March 19, 2014)

When he spoke about the mobile homes, he indicated that they came in a variety, and for many they became investments – evidenced by the fact that they renovated them by putting porches on them, bricking them up, etc. Walter, a native of the community, similarly spoke of the juxtaposition or incongruence between the appearance of the home and what it meant – socially and culturally – about the owner and their economic status:

There's a lot of substandard housing, but we don't have very much in the way of renting. Most people own it, if you see a little run down shack somewhere, usually somebody owns that and to me that's way ahead of a renter, a person that owns that little shack don't care what kind it is, they feel like they are a part of the American dream rather than an outsider. (Interviewed March 24, 2014)

Crystal spoke very seriously about the history of the homes in the community and how that is very important: “sometimes you’ll see them next door to one that is gonna fall, it’s because the home place, we want to hang on to it, but yet they want to build a nicer home to live in with their family” (Interviewed January 22, 2014). Her words echo Edgar, in regardless of the physical state of the home, ownership is far better than rental. When they see the homes in the community, it means that their community members have attained the ‘American dream’ – regardless of condition. Yet, importantly, for ‘outsiders’, the state of the home is a symbol of the economic troubles which have plagued Cedar Springs since the Great Depression. For many, it is a daily struggle dealing with the negative connotations of their home. Where their home is sheds light about that particular neighborhood, the residents, and what their social characteristics

are. These ascriptions can either help or hinder elements of social capital.

Tasha works with a local organization designed to teach trade skills to high-school aged individuals. She talked to me about the kinds of homes I might expect to see in the region. She said:

There's definitely a wide variety of homes you can begin with the little shacks on the side of the hill that just look like they're just going to fall down and you can [go] all the way up to some of the nicest homes possible and you've got everything in between in this area uh ...and ... to begin with if you have... if you're on a fixed income like a lot of people are in this area, odds aren't really good that you're going to [go] beyond a mobile home in some cases a few of them maybe lucky enough to...afford it at some point to build a house but not often you usually stick with the mobile homes...or something that's handed down through generations... (Interviewed March 21, 2014)

This is suggestive of the social value placed on 'tradition'. Many of the individuals I spoke with were engrossed in knowing about their family heritage, with 'passing things down', such as stories, recipes, plant varieties – and homes. Crystal is a native of Cedar Springs and an active member of a local food pantry. She called homes, which seem to be falling apart but may still be inhabited, 'landmarks' and indicated that her family had a few of their own.



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<sup>12</sup> Zimpfer, M.J., November 29, 2013. This is a complex site. This is a swinging bridge, one which many participants spoke about. Most indicated that similar sites were no longer in use. However, while driving back to the house where I was staying while in the field, I saw an elderly man carrying a huge bag that looked like a potato sack, on his shoulder, crossing this bridge. If one looks close at the picture, there are two homes. The one in the foreground looks as though it is abandoned, but the day the man was seen crossing the bridge, lights were on in this specific house.



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<sup>13</sup> Zimpfer, M.J., November 29, 2013. Front view of swinging bridge of house photographed in footnote 12.

One example was an old wooden home that looked as though a strong wind could blow it over. It was dirty looking, overgrown, and had a swinging bridge that went from the highway to its front porch. I passed by this home for a month until I saw a man - frail, tall, elderly – crossing the swinging bridge with what appeared to be a ten-pound burlap sack filled with uncertain contents. He was heading to the home I just described, and for the first time, with the sun setting in the backdrop, I saw lights on inside the home. Someone lived there. Crystal reminded me that, “[p]eople sometimes don’t want to let go of their past, or whatever, with their old home place, so those are left standing so it’s kind of like a landmark. Sometimes people live in them and don’t want to let go of it, ... [and the reason is] I guess [...] would probably be a financial issue” (Interviewed January 22, 2014). Because of the ways in which homes are viewed, they offer an opportunity to be a meeting place where individuals can embrace their community and maintain their rootedness. But sometimes homes offer themselves as a totem in which to direct communal frustration in that many of the residents have gone from being self-sufficient to welfare- dependent; and this echoes how people perceive the stigma which is attached to such objects as the home in the community.

Well mostly you see the kind of home you do, because most of the people are lazy, lazy no education, don’t want to do, some of them don’t know they could do better, some of them that’s all they ever knew and they just doing what they know because if I were here as a young person, I could become filthy rich overnight and the reason being, there are so few [who] have any gumption to do anything. Like down here at the Save- A-Lot, one of the managers down there, he said we can’t keep help here, we always need people, we hire them when we can, most of the time we can’t get ‘em. When we can get’ em, they don’t stay cause they already figured out why should they work when the government will do it for them. So if they work at all,

they work long enough to get all their freebies coming in and then they're out of here. (Katrina, Interviewed March 19, 2014)

Underneath the pride, there is great ambivalence about and tension surrounding these dilapidated homes. This interview was particularly striking to me because the participant was born in Cedar Springs and introduced me to so many people that I felt that she must have known everyone in the community. Yet when she spoke of the homes in the region, she seemed to become very agitated and disappointed her home is located across the street from a building that was purchased by the county and was renovated to allow tenants with inadequate income to move in – a building which she displayed great contempt for in our conversations. Because of her proximity, she sees the various kinds of people living in that building and also hears how people ‘scam’ the system, as judged by her standards. She claims that the people in her community do not have any pride or initiative. Her position in the conversation was us (her household) versus them (those in run-down homes or lacking initiative). Even in a community as close-knit as Cedar Springs, one in which members demonstrate an unprecedented and heavy reliance on community cohesiveness, there can still be splinters of separation. These splinters can be problematic in a community where no one, and nothing, goes unnoticed:

No matter how far you go away, this is always home, this always feels good and, and uh something I noticed about people when kids head off to college, a lot of them have trouble with it because they've been so, I don't know if we're sheltered or if we like the nurturing relationships that we have here or we get so connected as communities... I mean if you go [to] downtown, most everybody knows everybody; everybody's close and if you lose a community member, everybody's there because everybody's close.



Home is ...everybody... just pulls in like a family.  
(Andrew, Interviewed March 22, 2014)

### ***Location, Location, Location***

Another dimension that adds complexity in understanding the values and functions of the home in Cedar Springs is more straightforwardly their location and their spatial organization. In this section, I explore how the home serves both protective and preventative functions at the same time, as a result of the carefully chosen placement or socio-spatial architecture of the homes. Where a home is located strongly suggests the type of individual that person is by housing them within a certain social network. People are stigmatized based on the location of their homes, creating barriers to economic and social mobility, and, changing how they utilize and acquire social capital. Putnam would argue, for example, that residents in hollows have less social capital because they are not able to access formal organizations. However, residents address this by forming unique social bonds; which I argue, increases their social capital. I've already noted Cedar Springs has a strong-and yet also somehow simultaneously fragile-community cohesion. However this dimension of the story has the potential of being compromised, something I think to be based on the normative value that residents ascribe to the socio-spatial placement of their homes. While in the field, I was often told it was common for entire extended families to live near each other. I asked a member of the Property Valuation Association why there would be so many mobile homes around a brick house. It is as if the brick house was the North Star, and all the mobile homes were gazing upon it for guidance or for its beauty. The gentleman told me that the older generation lived in the brick house, and all their children, grandchildren, and sometimes extended family

members lived in the mobile homes. The intention was to be near the family.

For many in Cedar Springs, family is the focal point, and physical proximity is an asset. While placing homes adjacent to one another keeps family ties intact, it may prevent opportunities for the formation of new relationships and in doing so, block social mobility. According to Matthew:

If you go out into the county up in the hollow you can find a whole family, it's interesting. I kind of see the attraction of this, you'll have a family that lives in this hollow and when the children grow up and get married they get a trailer right across from mom and dad or right next to the bro-and they'll all be in the same area, which I think it's kind of nice that family is so important to each other and there's a lot of security in family. But at the same time, it's a paradox again because you'll see so many broken homes, and you'll see kids who have gone through abuse and that usually where there have been drugs involved and you'll see people who have divorced and remarried very quickly you know; and that kind of thing. But you can find old miners homes with wood stove and a tin roof, we've got a wood stove and tin roof actually, but you can find that and then you can find really nice pretty modern homes as well um when you think about. (Interviewed March 25, 2014)

Originally from the neighboring county, Ashley began working in Cedar Springs as a specialist in rural medicine. She explained the dynamics of the placement and spatial location of the homes:

To be honest with you, just from where I live to practicing here, there is a higher, or at least a perception of a higher, number of manufactured homes here than even what there is, you know, even where I live. One thing that I have found, and I can use some people I know, there is a plot of land and on that area of land, there are 4 or 5 homes, 2 or 3 of which are manufactured, 2 are actually built from the ground up type homes. The reason. Their reason for living in that particular situation is so they can all be together. (Interviewed January 23, 2014)



As a native of Cedar Springs, Sally indicated that you knew where you could go safely and the places you should avoid because of the cluster of homes belonging to certain family members:

Certain sections of the county [where you could go because you knew] ‘This is where the Smiths live’, ‘this is where the Browns live’ and this is still the same sort of thing that is still lingering on. Families will stay close together. (Interviewed, March 22, 2014)

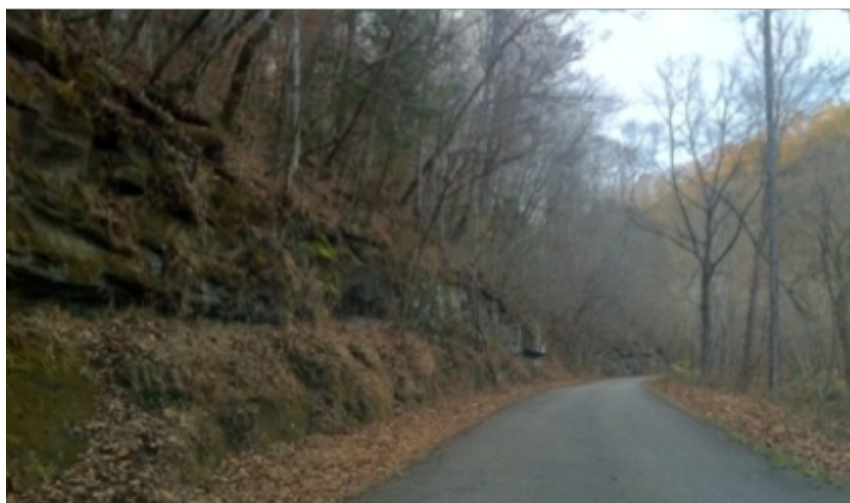
This was very interesting because those dynamics that allow for the establishment and dependence on social trust, for instance, are also those that allow for superficially understood strong ties to become weakened. In doing this, the protective barriers become structurally rooted barricades that may inhibit certain elements of social capital. My main emphasis here is that we use a home’s geographic location to ‘place’ individuals on a social map. And, thusly, how that placement further draws our attention to stigma and various elements for opportunity, or inopportunity, in acquiring and utilizing social capital.

Another interesting aspect of the location of homes is how they might be placed in specific locations and in certain distinctive configurations because of fear: a fear of the unknown, or as some colloquially stated in the field, a fear of ‘what’s on the other side of the mountain’. By staying in the community, near the home of their parents and relatives, their fear is justified when they conceptualize how they will be perceived or the kinds of opportunities they might have. Tasha claimed that “the fear of the unknown, what’s out there, what might happen, is a factor for people also, you know, there’s kind of just the fear that they might not succeed” (Interviewed March 21, 2014). She indicated that this fear is a driving force in students’ decisions to quit high school or

to not look for employment outside of the community. Staying close to home might allow them to foster a particular sense, or experience, of safety. In this way, individuals who remain in the community might in certain respects be placing themselves at a disadvantage in terms of developing those connections necessary for social reach beyond the hollows.



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<sup>14</sup> Zimpfer, M.J. November 23, 2014. Photograph of the road I traveled every day the first 6 weeks I lived in the fieldwork site. This side of the hollow rarely saw sun and, therefore, stayed colder and had more ice and snow than the opposite side. Normally one can travel at 45 mph, but in these conditions, speed would need to be dropped to 20 mph. There are homes sporadically nestled alongside the road and in the crooks of the hollow.

<sup>15</sup> Zimpfer, M.J. November 16, 2013. The same road as photographed during the day and before a

Tasha further explained that children of the community have been conditioned to understand their opportunities in such a way that limits them. Tasha is a native of Cedar Springs. She works for an organization that helps teenage children who have dropped out of high school to obtain their GED (General Education Diploma). She also teaches them trade skills so that they can secure employment. However, there is tension between the organization and the students when the time comes to apply for jobs. According to Tasha, it “seems to be a big thing for students... they don’t want to relocate. They don’t want to move to get employment. They want to stay local, so we try to get the jobs local” (Interviewed March 21, 2014). She further stated that even if students do decide to attend college rather than entering the workforce, the family and community cohesion prevents them from going far:

That’s a big factor, a big factor. Parents, families, in, in this area it seems, do not want to move away, they don’t want to let go of that and students will, for the most part, uhm, stay in the local area, even those that do decide to go to college. By far the majority stay closer” (Tasha, Interviewed. March 21, 2014)

The residents of Cedar Springs have fostered a forgotten niche of trade skills and, therefore, as a result of the culture surrounding the home, have made themselves more socially desirable. And in the process, they have cultivated specific skills for themselves and their community. Due to the close-knittedness and preference for staying in the community, I witnessed many residents in possession of skills that have been passed

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snowfall.

down through the generations, skills that are not learned in an institutional setting. Their very rootedness within the community has enabled them to gain knowledge, skills, and trades, all with the potential to increase social mobility in very specific trade areas. It has allowed them to fine-tune certain occupational skills as if they were apprentices. But the lack of careers and, often, the unwillingness to relocate prevent these skills from being profitable. Because of this, the two communities – Cedar Springs and those communities on the ‘other side of the hollow’ – operate under very distinct notions of what is desirable, profitable, and acceptable. As a result, the opportunity to further establish connections outside of the community into various heterogeneous social networks is potentially stunted. Ashley further explained this phenomenon:

You don’t see a lot of people leave this particular area. They know each other, they know each other well, and if they don’t know you personally, they probably know who your grandmother was... they probably know who your uncle was, who you used to be married to, or who you are married to, your children; and you won’t get that in other areas and I think that’s where, in a more urban type area, because people do move in and move out, so you lack that close-knittedness [sic] and you don’t...know, you don’t know people like people here know each other, how they know people (Interviewed January 23, 2014)

So, some might want to remain in the community – often in the same home – because it helps them identify with others without fully engaging with them. Just as the quote above hinted at, the fact that some use the homes to understand where certain families live. If those know who other community members are based on the location of their family homes, then is there a real or only a perceived level of trust? This is worth exploring, I think, because the characteristically defining feature of the area, its social cohesion, which produces this reality of rootedness, is also predicated on the

establishment of close network ties founded within homogenous groups, thus allowing reciprocity to occur. But this notion is compromised or challenged because residents typically assume certain network ties based on generational knowledge rather than actual social contact.

Are they close because they know each other? Or do they remain close so that they may know each other in terms of watching each other's behaviors? My observations suggest that perhaps if you are accepted, then you are family no matter what – something that illustrates that their bonds are established through trust. However, I argue that residents in Cedar Springs can sometimes almost be too close, in that these bonds are compromised because no one has to question if they retain these bonds in order to protect themselves from each other. Residents spoke about how they love each other, how they know almost everyone, how everyone never goes unnoticed. But within a few moments of such statements, they would also tell you who has done wrong, who is perpetuating a bad image for the community, and whom you cannot trust.

Moreover, these homes are both heritage and social anchor. Rooted to specific plots of land, they are thus also rooted to very specific cultural constructs that help create or destroy opportunities for social mobility. In doing this, the resources and networks that both come with and are established through these channels are not made available. In certain respects, the ways in which we understand these dynamics somehow falsely portray the community. My data suggest this apparent cohesion is challenged and potentially superficial. The very things that make up for this two- dimensional understanding of it are actually the elements that assist in compromising its strength and employment within the community.

## ***Discussion***

In Cedar Springs, mobile homes signify not movement but rootedness, both in spatial and social terms. Much of this is a response to social fears. My analysis suggests that the community is one that is geographically vast, yet socially constraining. When one first enters the community, the most visible object is the home. Mobile homes are found throughout the United States, but their abundance and the stigma attached to them is most closely associated with Appalachia. For the residents of Cedar Springs, it is something they are aware of and grapple with daily. This chapter opened by examining how the mobile homes in the community are seen as both protective and preventive. As already noted, the region's dwellings – particularly its mobile homes – are typically spaced with the grandparents' residence as the nucleus and subsequent generations surrounding them in concentric circles. This both creates and reinforces strong kinship ties and social cohesion across the kinship knittedness of the community. However, this anthropological architecture might also be considered a kind of social barricade or even social cage because it prevents the penetration of outsiders and the exit of community members and insiders. In doing this, community members relegate themselves to remaining in the community, perpetuate the fear of 'what is on the other side of the mountain', and as a result diminish opportunities for the collaboration with external heterogeneous groups. As noted at the beginning of the chapter, the terrain itself plays a significant role in dictating the structure and placement of homes, which in turn may determine what resources are available to community members (see Chapters 5 and 6).

There are many types of homes in Cedar Springs, however, the most prominent is

the mobile home. This ‘artifact’ is unique because, by talking about it, we can examine notions of marginalization, and more importantly what it means to be ‘rooted’ or immobile. The home in Cedar Springs is similar to a nucleus in which one could easily argue it is the center in which socialization occurs. It is commonly thought that institutions as the home, school, and church are the primary arenas where socialization, including mores, norms, and values, is taught. Based on the mores, norms, and values communicated and carried throughout the generations in Cedar Springs, a mobile home is not something that is commonly questioned: it has a place in their society, one that is not shared with the rest of the United States. While this project did not examine the attitudes or valuation of homes throughout the entirety of the United States, I can speak to the prevailing notion that a mobile home is not usually highly valued, as understood through informal conversations and residing in different locations during my adult years throughout the United States. The reason a mobile home is considered a second-class abode is because of what it communicates to outsiders of the community. Most notable thing is its mobility.

But to extend this idea, the placement and structure of the homes is also instrumental in the marginalization that the same community members might experience. The physical location of the home on the mountain – at the top, for instance, versus in the hollow – itself creates a continuum in which residents are allocated to specific social groups. I observed that those located in the hollow, for example, tend to experience more marginalization. They have the potential for stronger kinship bonds and community cohesion, and they live spatially close to their family members. Members of the community who live closer to the top of the mountain, or closer to the center of

town, have more access to economic resources, and importantly, they display a more heterogeneous affinity with other community members. Interestingly, too, I noted that community members who live closer to town – and particularly natives of Cedar Springs living there – displayed a ‘us versus them’ attitude, symbolic of them ‘making it’, and a feeling their fellow community members haven’t succeeded.

In this regard, the marginalization that community members might have experienced were discussed in terms of outsiders ‘looking down’ on them, or not understanding their region, or their community. However, based on my observations and interview data I concluded that much of the marginalization that community members spoke about was actually generated within the community itself. As a result, the preference to remain in the community in an attempt to forestall marginalization and deflect outsiders’ misunderstandings of their identity and their community, in my view often appeared misdirected. This is significant, I think, because some scholars (Furstenburg, Jr. and Hughes 1995; Burt 1997; Coleman 1988; Runyan et al. 1998; Woolcock and Narayan 2000; Cordes et al. 2003) argue that a community that displays strong communal bonds and cohesion is more likely to have access to greater amounts of social resources and opportunities. And yet my data challenges this and calls for a more nuanced and subtly complex understanding of how communities – particularly those similar to Cedar Springs – envision and understand individuals’ roles within the community, and how social interactions might affect the appropriation of social resources.

Mobility in Cedar Springs is interesting because residents of Cedar Springs have no desire to leave their community. In fact, discussing this notion seems to cause



anxiety and the inquisitor is usually answered, ‘why would I want to leave?’ However, their physical rootedness, I argue, has a direct correlation with their social immobility. The combination of values which highlight the importance of kinship bonds, communal familiarity, fear of the unknown, and pride as a result of having homeownership and owning land melt together to create a strong sense of rootedness, despite the prevailing economic and social odds which are stacked against many of the residents. What bolsters this fear, and is manifested in how residents speak of their homes, is the strong communal bond, which is unlike any I have ever witnessed in a community. Residents are able to look at an area, a hollow, sometimes even a particular home, and determine who lives there and if it is a safe area to enter. They also use such indicators to inform themselves and the rest of the community of outsiders. This behavior, to many outside of the community, may be unusual; the historical and social background of the community and region has been such that this behavior may be viewed as a result, as a pull factor, in regards to certain events.

Likewise, this behavior is also reassuring. While in the community, I witnessed residents helping each other out, opening their doors, literally and figuratively, to fellow community members. Many residents indicated that when you live here, or when you move here and are accepted, you are family – your struggles are their struggles, and your joy is their joy. In this regard, the community is no longer comprised of neighbors, but rather extended family members. According to Putnam (2000), American communities are no longer exhibiting these strong social ties. The need to be an active member has eroded. However, the data for this project indicates that such communities still exist. Putnam continues, “we Americans need to reconnect with one another” to help create

positive forms of social capital (2000: 28). There are a few weak areas in Putnam's argument, based on the data acquired for this project. Not all American communities exhibit a decrease in establishing connections between community members. But, this project suggests that there is something different about rural communities. As noted throughout this project, residents of Cedar Springs display a strong communal bond. This is evidenced, notably, in the placement of their homes, their strong sense of kinship and community, barricading their community 'outsiders', and their ability to recognize individuals using simple techniques such as the placing of family surnames. This, in addition to witnessing interactions between community members, negates what Putnam has claimed. What should also be noted, is that Putnam's highly-acclaimed book concentrates on social capital acquisition and community participation among the middle-class in America. Where are the other classes, especially the less fortunate? Due to the different compositions of the various socio-economic classes, there is a need to re-examine how we understand communal participation and social capital. Cedar Springs is an excellent example of this need to re-focus our understanding of social capital.

The home, particularly the mobile home, allows us to interrogate the relationship between stigma and social capital. Goffman understood stigma as a dialogue between individuals within society. This dialogue allows for individuals to understand themselves and their role in society – along with this, it helps individuals to understand the resources that they have or those which they need but do not have access to. In regards to the home, for many in Cedar Springs, it is an object that communicates a sense of heritage, kinship, rootedness in understanding the social elements encapsulated within the community. Regardless of the emotional attachment to the home, it is an

anchor which roots them to social phenomena – such as inadequate infrastructures or access to health care – and it also attaches them physically as a result of the stigmatization felt between community members. The strong kinship bond which defines Cedar Springs, upon further examination, illustrates a response to criticisms felt internally and externally to their community.

Putnam would claim that strong kinship is an excellent example of bonding capital; he would also claim that such capital merely allows an individual to ‘get by’ rather than ‘get ahead’. I claim that this should be taken further in that, rather than seeing this example of strong bonding capital as a negative, suggest that it can be utilized to move beyond and ultimately find resources imbedded within the familiarity of the residents and their community. This project sets itself apart in that it calls for a more nuanced understanding of social capital. Part of this lies in the previously missing relationship between social capital and stigma. Putnam does not take into consideration that social capital can, and should, be viewed differently between various communities. Based on my observations in the field, the strong kinship bonds found in Cedar Springs, while not formal, actually have the opportunity to present new forms of resources that might not be found within other communities, particularly urban communities.

Bourdieu would argue that the current generation lacks the opportunity to acquire social capital because previous generations did not have access to resources and networks. I argue that this is not entirely true. In regards to the home, previous generations have already set in place the opportunity for their heirs to be culturally fortunate in that they own the homes they live in and the land where the house sits. The familial bond allows for a strong closed network to form, but in order for bridging

capital to flourish, residents must move beyond their closed network, thereby giving them the opportunity to access new networks and resources. Delving further into the notion of networks and access, Bourdieu also discussed the notion of space and how invisible social boundaries either allow an individual admittance into a network or denies them access. This is compounded further because the opportunity for admittance, or rather access, is negated by the stigma placed upon the individual. For many of the residents in Cedar Springs, living in a mobile home or a hollow denies them access based on the readings of this artifact by community members and outsiders.

This chapter, therefore, examined how the home is understood as a social construct, how it paradoxically provides protection and safety while also creating a barrier to mobility and change. While residents of Cedar Springs exhibit a significant communal bond – one that is thought to no longer exist – this poses serious questions about the value of this bond. Putnam essentially claims that America needs to return to an era in which communal bonds and civic engagement were the markers of a society in which social capital flourished. However, we see that there are aspects of this, which are challenged. The home, as evidenced in Cedar Springs, is the institution in which the value of community, kinship, cultural values, and norms are established; however, while it should be the same institution that encourages the first stages of social capital to be accumulated, the same concepts which are being established are potentially also used to stunt community members. There is value in home-ownership and reciprocity generated between neighbors. But there might also be detriment located in these values when the profound rootedness of the individual is generated from this desire to stay in an area where they know their neighbors. The fear of the unknown, noted in numerous

interviews, anchors community members. One can venture to guess that individuals who settle into an area, establish connections, and find a sense of familiarity would not choose to move.

Unfortunately, these connections are so strong that they are used consistently as a reason to move neither for employment, nor further education, and sometimes even not to establish contacts outside of the community. In this instance, the bonding capital established in the community prevents the acquisition of bridging capital. Bonding capital therefore prevents residents from establishing the bridging capital to get ahead, decreasing the opportunities for social and economic mobility.

The chapter also discussed how cultural activities and attitudes which should facilitate social mobility in fact often perpetuate rootedness. Following the notion of fear that helps to root the community members and erect barriers between them and other communities, they also help to create anchors which root community members to staying within the community. As a result, many are losing job opportunities, advancement in education, and chances to access additional social networks. This social dynamic was most evident when community members said that children who move away to college tend to return without completing their degrees, or when students forsake their career goals and instead opt for degrees in fields that allow them to remain in Cedar Springs. So we see the notion of rootedness being cultivated and perpetuated early on. For those outside the community, this might be perceived negatively in terms of assisting with their social betterment. But given that historically in this community – like many in the Appalachian region – thousands of family members have had to migrate in search of better job opportunities due to the extraction of resources and local jobs.

Because of this, the family infrastructure, which so heavily defines the community and the region, has been compromised and forever altered. Therefore the tendency to keep family members close – and outsiders at a distance – is not atypical. However in contemporary discussions, encouragement of outside opportunities and groups collaborating with community members – as opposed to moving in and dictating remedies for various social concerns – is something community members have grappled with for several decades. But given the rooted ideals, this is a challenge.

## **Chapter 5**

### **‘Welfare Check’: Paradoxes of Assistance and Institutionalized Trust**

*Basically, all ten programs inaugurated under the Social Security Act have a common aim in safeguarding the opportunity of American families to participate in the economic life of their times. This opportunity is furthered by the services to give children a chance for a fair start in life, to prevent sickness and the dependency resulting from sickness, and to help handicapped workers to regain a place in productive activity.*

Arthur J. Altmeyer, Social Security Commissioner, 1937-53

It was bitterly cold one Wednesday morning in January 2014 when I found myself spending an hour shoveling snow from the steep driveway of the home I was renting. The road into town was terrifying, especially for non-local motorists, from the dangers of the rocky embankments, swift river currents, and precipitous drops that lay in wait should the precarious road decide to give way. Even in good weather, my mind – and my car – could not escape these dangerous possibilities. A year later, part of this very road did in fact eventually give away, and a school bus teetered on the ledge until rescue workers could aid the terrified passengers. But as I carefully drove from my house to the food pantry, where I volunteer, I tried to enjoy the five-minute drive. Smoke rose from chimneys and the mountain air was chilling and still.

I arrived at the pantry before their eight a.m. open. Since I did not have a key to get inside, I waited with the patrons lining up for the day. I tried to strike up a conversation with a gentleman who did not seem to be engaging with others, but he only offered small bits of information. I commented that the morning was bitterly cold (11 degrees Fahrenheit). He agreed, saying that it was not pleasant biking in it. I later learned that this gentleman had biked over an hour to get from his house in the hollow to

the top of the mountain in the center of town, just to get his food allocation for the month. He was thin, with dirty clothes in need of serious repair, and whose face signaled to me that every line and wrinkle on it told a story. According to one food pantry worker, new government regulations had been enacted, stating that workers are not allowed to assist people in obtaining their food. (Unfortunately, I was unable to substantiate this claim with official documentation.) For example, the understanding was that no one was allowed to pick up this gentleman or bring his food to him. He therefore biked in the bitter cold. Once the other volunteers and workers arrived, we began putting together the food packages for pick-up. At this food pantry, there are two kinds of programs for which one could sign up: those who are self-declared and in need of financial and food assistance, and those who use food stamps (Electronic Benefits Transfer or EBT cards). These programs have been placed under an overarching program entitled Commodity Supplemental Food Program (CSFP) – which assists elderly and low-income individuals.

According to the director of the center, most of the food comes from an organization called ‘God’s Pantry’. The food is delivered once a month, and once a week beneficiaries receive goods. Participants are on a rotating schedule to give everyone an equitable chance to benefit. Effectively, this means that there is not enough food: on one day, there were over 100 participants and only 30 frozen chickens to hand out. For someone who is allocated a slot on the first week, they will benefit from all the available food, whereas those assigned to the fourth week of the month, are only offered the remainder.

The God’s Pantry website claims their mission is to “offer healthy choices and



encourage a balanced diet... [and w]hile we have little control over the donated products we receive, we work strategically to provide fresh produce, adequate proteins and an array of staples, such as starches, grains, and dairy” (God’s Pantry 2014). One would assume, therefore, that there is at least a variety of nutritious foods for individuals to receive, if not enough for everyone. However, that January day, tables were set up and volunteers were instructed to take one meat, two or three vegetables, two or three fruits, one bag of potatoes, one bag of onions, and one pastry, and bundle them together for participants. Most of the fruit and vegetables were rotten, and there was not enough meat to go around. At one point, another worker was loading up a cart for a patron, and he went to the refrigerator and the only remaining vegetables throw were black and soupy. Two women who came in to receive their monthly supply of food were rotund, wore makeup and clean clothes, and they had voices that I imagine only a dog might be able to hear. The contrast with the thin, older gentleman struck me. While one’s physical appearance might sometimes be independent of financial standing, I still wondered how people choose to portray themselves and why.

For instance, the residents who have financial difficulties and/or depend on welfare are still able to make big purchases, such as televisions, four wheelers, or the latest iPhone. According to Brent, they want to project the image that they are doing alright (Interviewed March 1, 2014). Matthew noted that because real poverty is so widespread in the area, people often make these big purchases because they want to live in the moment, since you cannot predict what tomorrow will bring, assuming there is a tomorrow (Interviewed March 25, 2014). I did not notice the women until high-pitched shrills were directed at me because they wanted to choose which pastries to receive.

One woman said she did not like chocolate cake, she told me to put it back and get her the box of thirteen donuts. I told her we were not allowed to exchange items. This was the pantry's policy, but was not strictly enforced by the other workers and volunteers. Many of them knew the patrons and I wondered if their camaraderie encouraged a certain leniency. After the gentleman with the bike, and having heard stories about 'welfare shoppers' (people who shop around at all the pantries to get the 'good stuff'), I was not inclined to be lenient. The man had made no complaints, no fuss; he just expressed sincere gratitude before pedaling off down the icy, snow-covered highway, with nothing but a bitter winter wind to keep him company on his long journey to the base of a hollow.

While this story centers on a food bank, I suggest that it exposes the paradoxes and difficulties surrounding the 'welfare check'. I seek to explore how the 'welfare check' is used in conversation in Cedar Springs, and how both necessity and reliance on such an item shapes potential for socio-economic mobility. It also allows us to see the interplay between social capital and the operation (or not) of forms of stigma associated with 'the check'.

As noted in Chapter 4, the region has a history of conflict with both government and industry. Laws which have not benefitted the region and extractive industries allowed the 'welfare check' to become embedded within the community. The resultant mix of reliance and necessity has important consequences for both social capital and stigma. My hope is that a careful and sensitive understanding of the 'welfare check' will illuminate how it is actually of great concern for community members, and in particular how it contributes paradoxically to the breakdown of community trust by entwining

social capital and stigma. In this way, we see that an object intended to alleviate economic concerns might actually contribute to depleting resources, encouraging economic dependency, and altering the strong, generations- long trust, respect, and community fellowship that defines and underpins Cedar Springs.

Following the notion of stigma, I draw upon Alexander, Giesen and Mast (2006) to help understand the ‘placement’ of individuals within a community as predicated on their relationship with the ‘welfare check’. In Cedar Springs, one will come to understand the dramaturgical aspect of welfare in contemporary space. By doing this we see how “social actors, embedded in collective representations and working through symbolic and material means, implicitly orient themselves towards others as if they were actors on a stage seeking identification with their experiences and understandings from their audiences” (Alexander, Giesen and Mast 2006: 2). In this manner, residents detailed conflicting ‘roles’ for both themselves and the ‘check’ within the community.

In order to contextualize and situate the social and economic characteristics of Cedar Springs, I first offer a macro-level and statistical examination of the entire Appalachian region. Counties in Appalachia are often synonymous with poverty, a fact substantiated in various government and scientific reports (Brauer 1982; Zarefsky 2005; Kiffmeyer 2008). The ‘welfare check’, regardless of its historical and socioeconomic importance in American history, has been transformed from a positive social tool to one associated with negative social and cultural connotations. I use the ‘welfare check’, in other words, as a lens to explore and understand how these social responses manifest between community members and external agencies, and among community members themselves. The ‘welfare check’ as will be operationalized and contextualized in a

section entitled ‘Historical and Contemporary Implementation’.

As seen in Chapters 3 and 4, bonding capital is a community’s ability to maintain strong cohesiveness. Artifacts such as the ‘welfare check’, which are subject to stigma, can affect the ability to acquire and utilize social capital within a community because they challenge that cohesiveness. Moments in the history of the region have led to the necessity of the ‘welfare check’. During the Great Depression, the ‘welfare check’ was popularly accepted as necessary. Because of this, residents of Cedar Springs never questioned if they knew anyone who was ‘drawing a check’. Residents also exhibited how, in some instances, for them, being poor meant that they were richer in other aspects of their lives, such as their social relations and therefore, the status of their neighbors’ income was not needed to engage socially. However, as time progressed and the greater American society saw the ‘welfare check’ as an excuse for individuals not to try, stigma began to surround this artifact.

Following this definition, a section on ‘Social Mobility and Institutionalized Trust’ examines the cultural practices surrounding the ‘welfare check’, especially those founded on generational acquisition, and how this affects issues such as trust and cohesion. By examining the ‘welfare check’ and how it is understood in Cedar Springs, we see that residents are conscious of the stigma that is attached to the ‘welfare check’. In such a highly impoverished area like Cedar Springs, one could argue that the ‘welfare check’ is necessary to make ends meet. But the negative characterizations of ‘check’ users results in individuals being read differently, with access to various resources and networks becoming closed off. Lastly, the chapter concludes by examining what I am referring to as the paradox of the ‘welfare check’, invoking issues of assistance and

institutionalized trust.

In interviewing residents of Cedar Springs, it became clear that dependency, pride, justification for the ‘welfare check’, and a desire for economic growth were important social dynamics. As a result, the ‘welfare check’ allows us to glimpse the fractures and subtle divisions it creates within this tight-knit community. The widespread notion is that there are numerous government assistance programs readily available. Yet the reality is quite different. After spending a few weeks in Cedar Springs, I quickly realized that not only is it not easy for community members to get financial assistance, but there are also many programs operating at both state and federal government levels which limits resident’s financial opportunities due to strict guidelines. Often the ways in which these programs are structured and the ways in which their rules are enforced might actually further deprive community members of the assistance they need, and distance them from key forms of bridging capital. But as importantly, they also contribute to creating feelings of resentment, stigmatization, and marginalization. In these significant ways, they can exacerbate the very suffering they seek to alleviate.

Similar to the home discussed in Chapter 4, stigma is heavily associated with the ‘welfare check’. Over time the ‘welfare check’ has taken on new meanings socially, especially in its perceived appropriateness in the community. The ‘welfare check’ thus threatens both bonding and bridging capital in that it lessens trustworthiness and produces an image, both in the minds of community members and to those outside organizations, as to the desirability – and necessity – of establishing stronger bridging capital. Furthermore, as illustrated in the discussion on Bourdieu in Chapter 2, the ‘welfare check’ can be understood as a structure and structures have the ability to

influence mobility – something that according to Bourdieu is noticeable throughout the generations in terms of access. This also affects how individuals understand their placement within a community and how they know and access resources, also noted in Chapter 4.

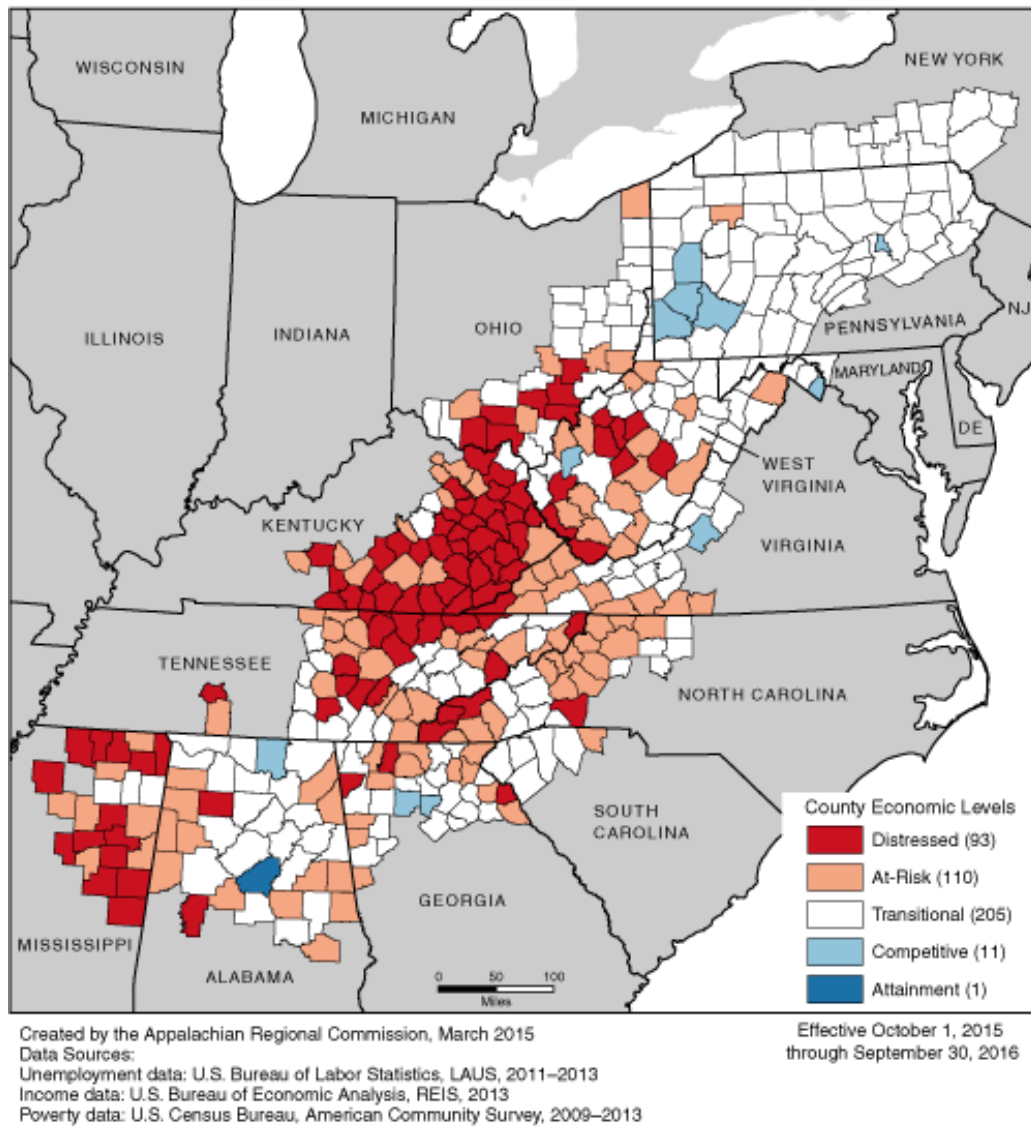
The ‘welfare check’ is no longer a single entity or piece of paper, but rather it is, in practice, a combination of various forms of financial assistance made available to US residents. Because of this, the notion of the ‘welfare check’ is focuses on the delicate relationships between government institutions, community trust, social capital, and economic resources. For the purposes of this project, a ‘welfare check’ will be operationalized as any government (local, state, or federal level) program or a combination of programs that provide assistance to individuals within Cedar Springs. When my informants speak about a ‘welfare check’ they don’t mean one specific transfer, but rather about various programs and the assistance they provide. The ‘welfare check’ is often lumped under such common phrases as ‘being on welfare’ or ‘getting the check’. To preserve their own understandings of attached social meanings and values, I use the broader term, ‘welfare check’. A further explanation of its history, though, and the various forms of ‘welfare’ are to be detailed in the section below.

### ***Historical and Contemporary Implementation***

In the 1930s, at the height of the Great Depression, modern welfare was implemented and justifications for using it were not needed. The opposite is true today, as seen in the pervasive American belief that everyone can be successful, as long as you work hard and pull yourself up by your bootstraps. Due to lack of industry, institutionalized trust, and misunderstanding and misappropriation of resources, welfare

is a very real and contemporary conversation in Cedar Springs.

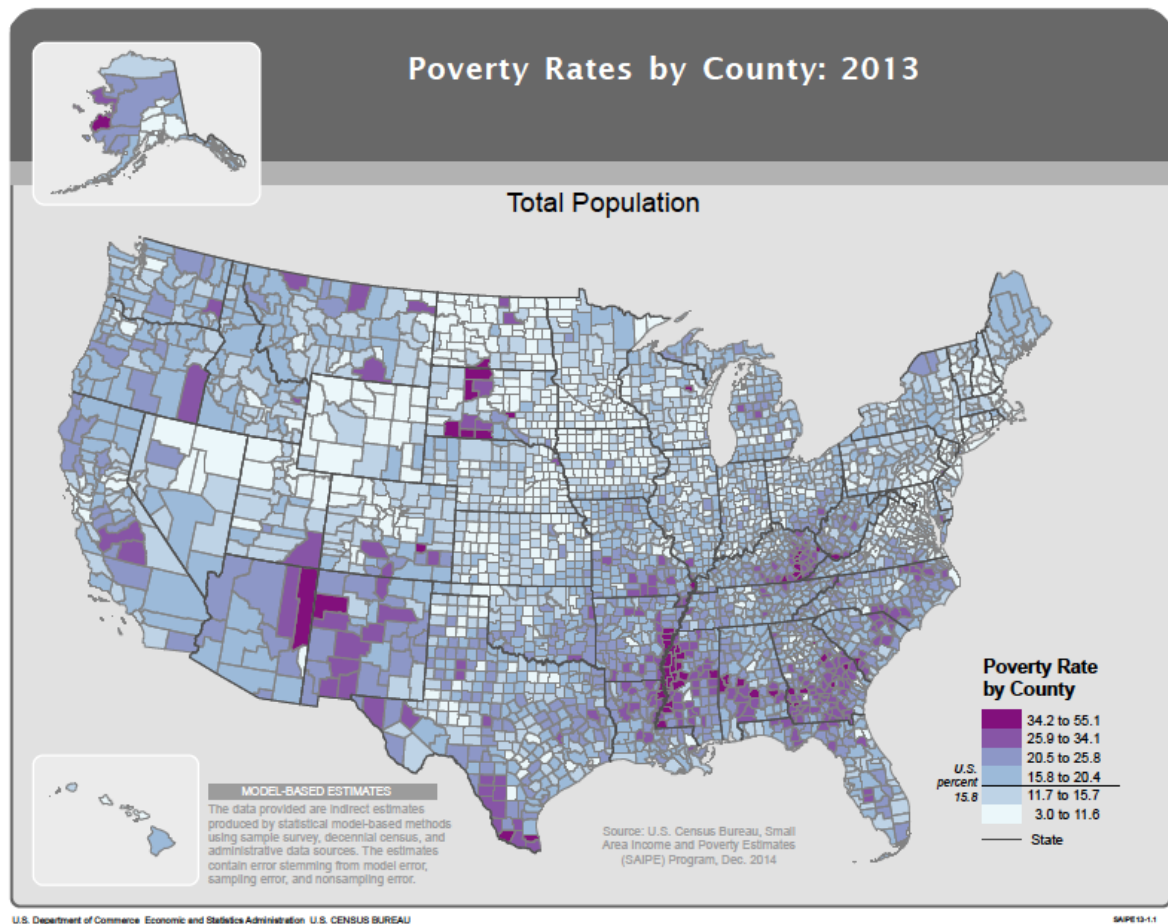
**Map 2: County Economic Status in Appalachia, FY 2015<sup>16</sup>**



**Map 3: Poverty Rates by County, 2013<sup>17</sup>**

<sup>16</sup> Appalachian Regional Commission. 2014. “County Economic Status in Appalachia, FY 2015”, [http://www.arc.gov/research/MapsofAppalachia.asp?MAP\\_ID=90](http://www.arc.gov/research/MapsofAppalachia.asp?MAP_ID=90).

<sup>17</sup> United States Census Bureau. 2013. “Percent in Poverty, 2013 Total Population”,



Maps 2 and 3 illustrate, at a county level, the proportion of poverty for the whole of the USA, drawn from data from the United States Census Bureau. According to map 3, the area in which Cedar Springs is located displays 25.9% to 55.1% of poverty. This picture emerges as early as the 1960s, and more than fifty years later, it remains largely the same. In 1969, Appalachia was 17.8% impoverished compared to the United States at 13.7%; in 1979, it was 14.1% and 12.4% respectively, followed by 15.4% to 13.1%, and lastly in 1999 it was 13.7% in Appalachia versus the 12.4% in the rest of the United

[https://www.census.gov/did/www/saipe/data/statecounty/maps/iy2013/Tot\\_Pct\\_Poor2013.pdf](https://www.census.gov/did/www/saipe/data/statecounty/maps/iy2013/Tot_Pct_Poor2013.pdf).



States (Black, Mather and Sanders 2007: 2). Longitudinally, the poverty rate in Appalachia has been higher than the rest of the United States, despite targeted government programs such as the War on Poverty. According to Natasha Bertrand (2014) of the top ten poorest states in the United States, Kentucky ranks number six. Seven of the states are in the southern portion of the United States; and three of them are in the Appalachian region. This hints at the real effects caused by institutionally advocated reliance on the 'welfare check' and the lack of collaboration within and between local, state, and federal institutions. According to Angela:

The region is highly dependent on those services no doubt about it. We have high unemployment, we have a high population of folks that are on some sort of disability and really require some assistance... there's going to be some folks that take advantage of any situation and unfortunately those are the ones that tend to make the 6'o clock news...and that's unfortunate...it reflects on the region as a whole but it's a real part of survival here for so many in this part of the state. (Interviewed March 26, 2014)

Angela wants the residents to draw on their distinctive community cohesiveness, but, at the same time, she expresses how some aspects of this might also prevent further success in the community. This is noted mostly by a particular attitude towards education and the socially constructed physical and social boundaries associated with fear of leaving the community:

But we need jobs, and we need education, and we need programs that you know it's hard to change people's perceptions on things and what they've grown to live with...but there is ways to break the cycle. (Interviewed February 4, 2014)

Table 1 lists some of the most significant programs in order to begin understanding the

institutional creation of ‘welfare’ in the United States more widely, and in this rural community more specifically. While the information is from 1997 – and may be considered outdated – it is the most comprehensive and accurate data since it is provided by Social Security Administration. The information contained in the following tables provides definitions of the programs and to illustrate numerically – in Table 2 – changing economic climates. When discussing programs with officials in the community, they would not agree to be audiotaped or go officially ‘on the record’. The information provided by community members who would speak about the programs could not be corroborated.

**Table 1: Development of the U.S. Social Security Programs<sup>18</sup>**

1934	Railroad Retirement System	1965	Medicare and Medicaid Programs
1935	Social Security Old-Age Insurance; Unemployment Insurance; and Public Assistance programs for needy aged, and blind (replaced by the SSI program in 1972); and Aid to Families with Dependent Children (replaced with block grants for Temporary Assistance for Needy Families in 1996)	1966	School Breakfast Program
1937	Public Housing	1969	Black Lung Benefits Program
1939	Social Security Old-Age and Survivors Insurance	1972	Supplemental Security Income Program (SSI)
1946	National School Lunch Program	1974	Special Supplemental Food Program for Women, Infants, and Children (WIC)
1950	Aid to the Permanently and Totally Disabled (replaced by the SSI program in 1972)	1975	Earned Income Tax Credit
1956	Social Security Disability Insurance	1981	Low-Income Home Energy Assistance
1960	Medical Assistance for the Aged (replaced by Medicaid in 1965)	1996	Temporary Assistance for Needy Families (TANF)
1964	Food Stamp Program		

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<sup>18</sup> Social Security Association. 1997. 'Historical Development'. <  
<http://www.ssa.gov/policy/docs/progdsc/sspus/sspus.pdf>>.

**Table 2: Private Social Welfare Spending – in Millions<sup>19</sup>**

<i>Year</i>	<i>Public Spending Total</i>	<i>Welfare Services</i>	<i>Percentage of Spending</i>
1972	\$190,315	\$7,545	3.96%
1975	\$288,458	\$10,067	3.48%
1980	\$491,598	\$22,776	4.63%
1985	\$730,897	\$38,999	5.34%
1990	\$1,046,355	\$64,583	6.17%

According to the United States Social Security Administration (1997: 109), \$577.00 was spent on food stamps in 1970, \$9,083.30 in 1980, \$16,254.50 in 1990, and \$24,496.70 in 1993. Additionally, the Social Security Administration reports that overall welfare spending has risen over the past few decades, as evidenced in the chart below. This is useful because four decades after the Great Depression, when assistance programs were a response to difficult social and economic conditions, the federal government continues to increase funds on these programs under different economic conditions. And yet there still appear to be gaps into which residents of Cedar Springs fall. Most notably, many of the residents of Cedar Springs are considered the ‘working poor’ – working and making too much to qualify for assistance, yet still not earning enough money to sustain a decent living. This is a precarious situation because people

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<sup>19</sup> Social Security Association. 1997. ‘Historical Development’. <  
<http://www.ssa.gov/policy/docs/progdsc/sspus/sspus.pdf>>.

(as exemplified by several informants) in this position have to make life-threatening decisions, such as ‘do I go without food or medicine this week?’

Government decisions made during the Great Depression are still being grappled with in rural communities. Residents of Cedar Springs who enlisted in such programs as the Food Stamp Program in the previous decades did not view food stamps negatively. Most indicated that it was temporary and positive. Many residents can vividly recall knowing people, possibly including themselves, who benefitted from the food stamp program in addition to the food items supplied by the government. Eric, a retired teacher and native of Cedar Springs, can recall seeing people with these commodities and also how they shared with one another:

They were stamps, that or food that the government would ship in here a couple times a month, and you would go sign up and you would go get like cheese. They had the best cheese in the world, 5 pound blocks of cheese, and it depend on the size of your family, and most people had large families so you’d get a goodly amount of food. Some families would get 6 and 8 blocks of cheese and then they would get canned beef or pork, and macaroni, and stuff like that. Canned goods...and beans like dried beans and stuff of that nature, but it all had starches, you know, and, but ...I don’t remember us every having to go to that commodities but we always had them in the house, our neighbors, we’d share it, if they’d get too much then they just give you some. (Eric, Interviewed March 18, 2014)

Other residents recalled how ‘welfare checks’ were a blessing because they had lost a parent or there had been an accident. For example, Sean lost his father in an accident, and as a result, his mother was able to draw a social security check and a ‘welfare check’. When asked about his experience with it, he said: “I didn’t even think about [it], you know, I just, [it was] something that the government provided you”

(Interviewed January 29, 2014). To older generations of Appalachians, drawing a check was a norm and not stigmatized because of the time period. However, the 'check' has become stigmatized because many individuals feel that those who are drawing a 'check' are not necessarily deserving of it.

Before I discuss more about residents' attitudes towards the 'check' and other programs which assist individuals, I would like to draw attention to the different programs available. To clarify the current understanding of the 'welfare check', I list the most common programs discussed by my informants, and briefly describe each. These programs were talked about in a multitude of conversations, not just when discussing welfare. To me, this points to something significant in the comfort (and sometimes discomfort) they have with these programs. But the way in which they talk about them is significant because it is very similar to when residents speak about any other aspect of the community.

**Table 3: Types of Popular Assistance Programs<sup>20</sup>**

<i><b>Name of Program</b></i>	<i><b>Description</b></i>
<b>Supplemental Security Income (SSI)</b>	“The SSI program consists of two parts—the Federal program, and State supplementation of the Federal payment. Under the Federal program the eligibility requirements are nationally uniform for age, the limits on income and resources allowed, and the definitions of disability or blindness. Federal benefit payments are also nationally uniform so that regardless of where qualified”(Social Security Administration 1997:83).
<b>Temporary Assistance to Needy Families (TANF)</b>	“Temporary Assistance for Needy Families (TANF) provides assistance and work opportunities to needy families. It replaced the Aid to Families with Dependent Children program (AFDC) as soon as the State submitted a complete plan implementing TANF, but no later than July 1, 1997. AFDC provided cash assistance based on need, income, resources, and family size. TANF was created by The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). The law contains strong work requirements, a performance bonus to reward States for moving welfare recipients into jobs, State maintenance of effort requirements, comprehensive child support enforcement, and supports for families moving from welfare to work, including increased funding for child care and guaranteed medical coverage”(Social Security Administration 1997: 88).
<b>Food and Nutritional Assistance</b>	“The U.S. Department of Agriculture provides children and needy families access to a more healthful diet through its food assistance programs and comprehensive nutrition education efforts...USDA’s Food and Consumer Service administers 15 Federal food and nutrition assistance programs. These programs serve 1 in 6 Americans...[and] FCS programs are operated in a State-Federal partnership, in which the Federal Government is generally responsible for food costs for the programs and shares administrative costs with the States. FCS is responsible for interpreting Federal statutes, issuing program regulations and instructions, establishing nation-wide standards, and ensuring program integrity” (Social Security Administration 1997: 88-89).

Table 4 lists current Food and Nutritional Assistance Programs in the United States.

Some of the programs are widely recognized such as the ‘Food Stamp Program’, ‘WIC’,

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<sup>20</sup> Social Security Association. 1997. ‘Assistance Programs’. <  
<http://www.ssa.gov/policy/docs/progdsc/sspus/sspus.pdf>>.

and the ‘National School Lunch Program’. As previously illustrated, there are many programs, they fall under different jurisdictions, and while they appear similar they are quite different. However, much is still unknown about these programs and how they help – and potentially harm individuals in regards to perpetuating stigma, creating a culture of dependency, not fully advertising the resources contained within a program, or breaking down community bonds in addition to preventing the establishment of bridging capital. This table is also poignant in that superficially it would appear that there are numerous programs. What does this say about society? Also, as previously noted, many residents didn’t know the full extent or opportunities with these programs. Therefore, I conclude, that it is not being known fully how these programs can help; which might further postulate the question, ‘if little is known in how they help; then does that mean much of the program is unhelpful?’

**Table 4: Food and Nutritional Assistance Programs in the United States<sup>21</sup>**

• <i>Food Stamp Program</i>	• <i>WIC Farmers Market Nutrition Program</i>	• <i>National School Lunch Program</i>
• <i>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</i>	• <i>School Breakfast Program</i>	• <i>Summer Food Service Program</i>
• <i>Emergency Food Assistance Program</i>	• <i>Child and Adult Care Program</i>	• <i>Commodity Supplemental Food Program</i>
• <i>Special Milk Program</i>	• <i>Food Distribution Program on Indian Reservations</i>	• <i>Nutrition Program for the Elderly</i>
• <i>Commodity Distribution to Charitable Institutions and to Soup Kitchens and Food Banks</i>	• <i>Nutrition Education and Training Program</i>	• <i>Nutrition Assistance Program in Puerto Rico and the Northern Mariana Islands</i>

<sup>21</sup> Social Security Association. 1997. ‘Assistance Programs’. < <http://www.ssa.gov/policy/docs/progdsc/sspus/sspus.pdf> >.



The Social Security Administration determines eligibility for these programs based on a number of criteria, and for some programs they use poverty guidelines. Below are the programs that do and do not use these guidelines. The ‘poverty guideline’ is defined as, “the gross monthly income of most households must be 130% or less of the Federal poverty guidelines (\$20,280 for a family of four in 1997)” (SSA 1997: 91). For many residents who are considered the ‘working poor’, this affects which programs they qualify for and are also used to stigmatize. Programs residents consider to be need based (e.g., Food Stamps) are less stigmatized than those assumed to be open to anyone (e.g., SSI). The table below indicates which programs use official poverty guidelines. As indicated in the field, individuals were more accepting of programs that use the official poverty guidelines. Individuals were stigmatized for using programs that did not use the poverty guidelines because community members felt these were programs that were usually taken advantage of and therefore made it too easy to access these programs. Many community members cited programs that did not use poverty guidelines as programs which helped transfer the community, and region, from a place of self-reliance to welfare-dependence.

**Table 5: Poverty Guideline Usage in Assistance Programs<sup>22</sup>**

<u><i>Use Poverty Guidelines</i></u>	<u><i>Do Not Use Poverty Guidelines</i></u>
<i>Food Stamps</i>	<i>Aid to Families with Dependent Children and Temporary Assistance for Needy Families</i>
<i>Special Supplemental Food Program for Women, Infants, and Children (WIC)</i>	<i>Supplemental Security Income</i>
<i>National School Lunch Program</i>	<i>Social Services Block Grant</i>
<i>School Breakfast Program</i>	
<i>Child and Adult Care Food Program</i>	<i>Department of Housing and Urban Development's Means-Tested Housing Assistance Programs</i>
<i>Special Milk Program for Children</i>	

It is important to note where certain programs fall in this chart. At the beginning of this chapter, I referred to the working poor; these guidelines are used to determine which residents need assistance, the duration, and the amount. However, if one's financial situation places one outside the scope of these regulations, one might potentially lose assistance. For some, the 'welfare check' is their only form of income, and they hold onto it as long as possible. According to Margaret, some residents consider getting a 'welfare check' a "feat, an accomplishment" (Interviewed February 18, 2014) because it means that they can feed their children or purchase life- saving medication. But in a poor and rural community like Cedar Springs, it might also carry a socially destructive price because the stigma attached to such assistance proves difficult to remove when trying to become socially and economically mobile – especially for

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<sup>22</sup> Social Security Association. 1997. 'Assistance Programs'. <  
<http://www.ssa.gov/policy/docs/progdsc/ssp/ssp.pdf>>.

future generations. Assistance programs are sometimes time-limited, for example, only lasting three years after which the person can no longer collect regardless of their economic or social position.

Crystal's story is not unique. From my observations, there are other residents like her. Many of the previous statements echoed loudly among residents and for many, it was a perplexing situation. According to residents, it changed how they see themselves and their fellow community members. Often times, people become the community 'police' instead of trusting neighbors. This is a problem because according to Crystal, and further substantiated by Bhatarri, Duffy and Raymond (2005: 277-278), "there is no federal law regulating the distribution of privately donated food-stuffs; however, emergency food assistance providers who receive The Emergency Food Assistance Program (TEFAP) commodities must comply with state criteria for determining which households are eligible to receive food for home consumption". Arguably this contributes to breaking down trust within the community, and my observations suggest it also creates a more general sense of anxiety around assistance. Because there are very relaxed federal guidelines, each state determines the rules locally. This, in turn, compromises those institutions trying to assist people, such as how long an individual can be enrolled in any one assistance program or not being able to combine programs or resources. It also compromises the value that people place on each other, and the trust associated with both community members and institutions is diminished.

The community members with which I spoke agreed with their findings, but were quick to indicate that it encourages community members to supplement such programs with other programs. I witnessed this first-hand when working with Crystal, and also

when I interviewed Darlene: people claim they know how to ‘work the system’, since there are a few checks in place through the government. As far as I could see while in the field, they have replaced the physical checks or food stamps with electronic bank transfer (EBT) cards. When someone is using the card which has these funds on it, no one would know. However, due to the strong kinship and communal bonds, and how those are used to associate people’s last names with their behavior, it is potentially easy to marginalize in any setting. I also noticed that often other organizations seemed to refuse to communicate with each other regarding who was using the resources. I was also told by several community members, that if someone so chooses, they could receive assistance from multiple organizations – albeit, not in a legal or morally preferred manner, as suggested by the community members. I suggested to Crystal that to reduce or potentially eliminate overuse of the pantry and other resources, perhaps they could communicate with the other organizations in the area to draft a master list so that they know who is using what resources. In this way, they might be able to pool their resources together. This was not to ‘police’ community members, but rather to ensure that there would be enough resources available to as many residents as possible.

She told me numerous stories in which she knew community members were misusing the system, or how other similar organizations in the community refused to collaborate with her in order to provide more and better assistance to the community. Crystal obeyed the regulations set forth by the local and federal governments, but there was still a significant portion of the community who were not getting the assistance they needed. She often repeated that she would not want anyone to go hungry, but because of the way things were structured, she felt that she had no support system from any

government branch or from other community organizations. She likened it to trying to help her kids; she saw her community as her family, and she is a mama who is unable to provide for her children. These programs gave her a great deal of anxiety because, as she expressed it, she felt that they had a strong hold on her people, and they put her in a difficult situation. Though she never wanted to see anyone go hungry, she did not like the dependency on the system that it seemed to encourage. She told me once that there was a person who would come in on a weekly basis, saying that they were in an emergency situation and needed help. Crystal knew that they were not spending their assistance money on preventing these situations, and that others were tapping into this person's resources, prompting them to use the emergency services at this particular institution. Many residents echoed this feeling of stronghold – they indicated that their situation was so because the government wanted residents to depend on the system. They believed that institutions encouraged this dependency and perpetuated the current cycle of welfare-dependency.

In 1983, The Emergency Food Assistance Program (TEFAP) was formalized (Bhattari, Duffy and Raymond 2005: 277) under the Food and Nutritional Services (FNS) of the United States Department of Agriculture (USDA) to package and deliver food supplies to various states. The amount of food received by each state is dependent on the size of their unemployed and low-income populations (FNS-USDA 2015). According to Crystal, who is in charge of a local organization which was primarily a food pantry but also a community shop, her community uses TEFAP a lot, but it has experienced difficulties because of the fluidity of the associated regulations. During my time in Cedar Springs, Crystal requested I help establish regulations for her organization

– primarily the food pantry portion – in order to prevent the overuse of TEFAP and other emergency programs and to encourage community members to be more responsible. On several occasions, she would cry about the issues around these programs and their use and effect on her community.

As noted in Chapter 4, my impression was that many residents exhibit a strong sense of pride in Cedar Springs. Their houses are considered an accomplishment, and yet, often this sense of pride is not entirely carried over to issues of welfare and employment. As a retired school teacher and native of Cedar Springs, Darlene spoke with concern about ‘her people’. She is simultaneously happy about the bonds that her community and its members exhibit towards one another, but she also commented on how this bond can be weakened in attitudes surrounding issues of welfare. Richard, a local preacher in the community, seemed sad and nostalgic when he spoke about how he thought the people of the community used to be:

Appalachian people are proud people, or at least they used to be; I guess the ones that went into survival mode and is living off of the government and they don’t see much opportunity exist in the area or at least to find employment, can get settled in a survivor mode and they’re not really thinking how they can get ahead that much. At least that’s just my impression. (Interviewed February 6, 2014)

What their sentiments illustrate, I think, is a difficult response to the complexity of the situation. As I will explore in Chapter 6 – which examines the diabetes glucose meter – it might be argued that residents’ often negative response to their economic and social situation takes the form of avoidance or apathy. When speaking with community members regarding initiating programs that could potentially combat some of the issues

in the region, I received mixed reactions. Many seemed to display a lack of trust in the local, state, and federal governments, and many attributed their difficult situation to those very organizations. Some of the residents in government positions, even those who worked closely with assistance, would typically begin by saying that their community was beautiful and the people were amazing. However, as conversations progressed the reiteration of negative caricatures, such as fraudulent activity and more, were ways in which community members were portrayed.

As noted in the beginning of the chapter, resources are very limited. Crystal said that she has tried to do so, but the government refuses to allow a list of names to be generated. People are required to use their IDs (driver's license or state issued identification card) to register for the programs, but during any subsequent meetings, such as a distribution day, it is illegal to ask for any identifying documentation. The reasoning behind this practice was not disclosed to me. I offered the suggestion that it may be in order to forego stigmatizing the individual; however, the strong kinship and communal bonds and how this bolsters the use of familial names to identify individuals and their propensity for certain behavior would presumably negate this practice.

As Duncan (2000) notes, family names are used within communities like Cedar Springs to label individuals. For example, if someone's father was known to be consistently arrested, then that person would be judged by their father's actions. This is particularly interesting, because a vast majority of individuals accept the label which has been applied to them and their family and, therefore, fulfill that role. Additionally, other organizations seemed to refuse to participate in any collaborative efforts – at least according to community members I spoke with, in part because the organizations are in

competition with one another to see who can provide the most to the community. I observed this while working on a food drive for the pantry. I saw a church organization leave the local Wal-Mart with three cart-loads of toys for a toy drive. According to the community members I was working with that day that was the other big organization that refused to work with Crystal. My respondents also noted that this organization places jars in local establishments to collect money for their programs – Crystal is not allowed to do this since their jars are already there. When I discussed what I saw that day with Crystal, she began to tear up. She said ‘her people’ are constantly asking if her organization will put on a toy drive. Crystal desperately wants to, but she says she does not have the resources, and she is currently struggling daily to secure food for her community members. This is just one of many examples of the struggles that people endure daily.

The focus of this chapter is not to examine potential fraudulent activity that may occur with things like the ‘welfare check’: to do so would be too narrow a focus on what is a larger, more complex situation. The overarching issue, I think, is the lack of communication and trust among community members, something that has resulted in social fractures among various socioeconomic groups. Most of the community members with whom I came into contact with were either natives of Cedar Springs or from the region. The social values of the community dictate that residents should know each other, that it is not just a community, but more like a grandiosely, socially constructed family. As will be discussed in Chapter 6 in connection with the glucose meter, the opportunities for residents to secure a decent economic standing within the community, and those that do and give back to the community, are held in high regard – almost as



though they were rock stars. What we see here, based on my observations, is that this is often a missed opportunity, not by accident, but by choice. So community members who have the means to give back, either financially or through the cultivation of skills, and do not do so, are seen as pariahs. This, in turn, seems to result in greater fractures, and time will tell if they eventually become breaks. Most of the community members I spoke with longed for ways to improve skills, to learn budgeting techniques, and so on. Some indicated that these programs exist, but that they do not feel that they are readily advertised or easily accessible to them. But in contrast, many residents did not want to alter the appearance of the community by allowing businesses to come into the community. Regardless of the divergent views expressed in the field, all were predicated on the community collaborating with and trusting in one another to ensure their socioeconomic mobility – despite the physical and social boundaries that have been erected – the social complexities here abound.

Many residents spoke about the community and its people nostalgically. As they spoke, their physical appearance seemed to change, and they went from being apparently proud and happy, to sad and disappointed when describing what they saw, and how their community reacted and responded to each other and the wider challenges. In encounters such as these, many of the people spoke about the Appalachia they were familiar with; the Appalachia that embodied independence. Now, when they speak of the region or their community, they become saddened because they know that it has become known as an area that is welfare-dependent. They are fully aware of the stigma that is attached to such objects as the ‘welfare check’; and they are at a loss in how to alleviate this issue.

Mountain people believe in hard work, they like for their

kids to be trained to work, um not to be... not to have your hand out for a handout...I'm sorry to say we have a lot of that. But your traditional mountain people did not have their hand stuck out for a handout. (Angela, Interviewed February 4, 2014)

Angela came from nothing, and she told me that the residents in the community are experiencing a generational tension in which the older generation maintains the identity and values of working hard, while the younger generation has adopted an attitude in which hard work is seldom discussed. She said that she was raised on welfare but that she did not like it, and she saw the difficulties it presented rather than the opportunities:

Everybody's, 'well I'd like to draw a check from Uncle Sam, AFDC, food stamps, welfare', well you know I was raised that way, but you get by, you don't move forward. As a matter of fact, you go backwards with that. (Angela, Interviewed February 4, 2014)

As a manager of a major US retail chain, she travels outside of the community, and thus has a unique perspective on the outsider/insider boundary in Cedar Springs. Angela recounts the attitudes that illustrate the opportunities she was allowed to dream of growing up:

When I was in elementary, and I never really did that good because I didn't know that there was another world out there; and you've got children that are still stuck in that situation, they don't know that there is another world out there, that with the help, and the understanding of people around them telling them, 'yes you can go to college', 'yes you can be whatever you choose to be', ...how would I put it, the way you were raised does not determine how your future will be, only you determine that. (Interviewed February 4, 2014)

Most people do not like the idea of welfare in the community. But the greater

value placed on maintaining physical and social boundaries within the community allow for the ‘welfare check’ to remain. The strength of community bonds, and fear of outsider influence, alters how community members come to see the potential resources at their disposal. Angela also narrates the splinters within the community and its members because opportunities were accorded to some families, but not all:

If you was born to a child of a president of the bank, that child is going to have more opportunities; you know mom and dad can help them financially get in a position. But until we get to the point of teaching our children that education is the way out of poverty, then it’s going to stay this way. And a lot of parents,...it’s not maybe from understanding that education is so important, because of the way they was raised, it’s a generational thing.  
(Interviewed February 4, 2014)

This quote not only illustrates very clear class distinctions, but it also highlights different economic and social capabilities and resources. A few of my informants are considered upper-middle class; they have either come from cities outside of Cedar Springs or are members of locally prominent families. While they still display an admiration for their fellow residents, they nevertheless exhibit an apparent undertone of ‘them vs. us’ (see Chapter 4). As a result, the internal marginalization of community members appears, and the dependency that should be placed on fellow community members is now directed to a governmental or institutional program, which in turn contributes to perpetuating a cycle of reliance and marginalization.

Residents speak of helping others who are on assistance, because kinship bonds and community ties are strong, but they also indicate that people would never look down on those who took part in the assistance programs. According to some residents, these attitudes are unfortunately no longer as deep as they once were, but that they are now are

a shadow of a culture that they would like to reclaim. In this instance, one can see the complexities and social consequences that the ‘welfare check’ exerts on the community. It might be suggested that welfare did assist residents of Cedar Springs in the manner in which it was intended, but those residents who are only two generations removed from the era of the War on Poverty can remember a specific sense of pride that bolstered the region. “One of the catch phrases [during the War on Poverty] was poor but proud, you know, they’re poor but proud, they take pride in themselves, proud of their homes and their families and the place they are from” (Antonio, Interviewed March 30, 2014). And, “yeah it goes back to as a child we didn’t know we were poor unless we were told; as a region, we didn’t know we were depressed until someone came and told us” (Wilson, Interviewed April 1, 2014). In this example, the residents of Cedar Springs did not know they were being stigmatized and marginalized. It wasn’t until outsider opinions penetrated the protective barrier of their community that such stigma was introduced. Eric claimed that he “never thought of us as being poor, but everybody in our neighborhood [was] in the same position” (Interviewed March 18, 2014).

Sean recalled, “I was poor, I didn’t realize I was poor, I enjoyed it”, in reference to the simplicity of the time and its communal attitude (Interviewed January 29, 2014). The perception that residents of Cedar Springs had of themselves before contemporary understandings of the ‘welfare check’ is striking. The concept and newer social meanings and values embodied by the ‘welfare check’ altered the community’s views of itself and its members. The reasons have shifted slightly for the need of assistance, from stemming from the consequences of a catastrophic event such as the Great Depression, to now shifting economic and employment opportunities in the community. So residents

are very weary of the image of the ‘welfare check’.

But some residents who have witnessed the welfare system at work claim that it had nothing but negative effects on the region and resulted in a ‘culture of dependency’. For many this is the formulation around which they began to illustrate the changing attitudes of their cultural identity in relation to welfare. They used a very somber tone during the interviews. The internal struggle that they felt was evident in downcast eyes, lowering of heads, clutching of hands, and pursing of lips. Many could recall the days in which they viewed themselves and their community as having strength and pride. Now, ‘welfare’ in their community is like a shackle, chaining them to a paradoxical feeling of needing assistance, but not the marginalization that comes with it.

### ***Social Mobility and Institutionalized Dependency***

It was apparent in people’s reactions, their continued pauses while they searched for the right words, and their constant reminders to me as an outsider, that the ‘welfare check’ is needed, but that they do not want to be defined by it because of its negative connotations. This hints, I think, at the cracks in the foundation of the community, which are chipping away at their distinctive cohesiveness, and ultimately affecting opportunity for economic mobility: the lack of trust that they have for the government to provide for the people, the constant watching of their neighbors to make sure that they do not abuse the system, and the competition between organizations to provide for the people. For many, the ‘welfare check’ is an object that reminds them that community members have given up, that institutions would prefer residents to rely on them rather than initiate activities, events, or mechanisms to increase social and economic mobility.

To residents of Cedar Springs, the ‘welfare check’ is a stigma.

Kellen is employed by an energy saving company and travels to various impoverished areas to assist individuals with necessary accommodations such as adequate water and lighting. He felt he witnessed the ‘culture of dependency’ while visiting Cedar Springs:

Culture of dependency meaning that a...members of that community are dependent on government aid to survive. There is a lack of emphasis on education because there is not a whole lot of faith in education that will get people where they want to go, there is a lack of trust with outsiders a little suspicion there, and in general low self-esteem and that leads to dependency issues on drugs, alcohol, sexual abuses and so forth... residents out here mentally perceive that developing countries have far worse issues to deal with but actually they’re very similar.  
(Kellen, Interviewed February 27, 2014)

Scholars (Putnam 1994; Knack and Keefer 1997; Sampson, Raudenbush and Earls 1997; Helliwell and Putnam 2004; Brisson and Usher 2007) say that there is a strong correlations between a community’s cohesive bonds and the varied mechanisms of a community’s economic independence. This helps us to understand the connection between community and government as understood by Putnam (1995: 664):

“government and other social institutions [are] powerfully influenced by citizen engagement”. This is evidence that a breakdown in community trust and institutional trust can prevent social capital. This is reinforced by the stigmas attached to the ‘check’. Easterly, Ritzen and Woolcock (2006: 103) argue that social cohesion has a significant and direct correlation with the efficacy of social structures, political institutions, and economic policies, particularly when it requires policy reformation.

According to Couto (1994: 99), “the [Appalachian] region has seen an increase in

the proportion of personal income coming from transfer payments that exceeded the national increase...[t]ransfer payments include unemployment compensation, welfare, Medicaid, Medicare, Social Security, and income from other government programs.” The United States Census Bureau indicates that 18.5%<sup>23</sup> of residents in Cedar Springs live below the poverty line. Furthermore, the literature coincides with my evidence in that a community whose strong bonds and conflicting views of institutionalized trust produce fractures within the community and, as a result, allow the opportunity for a high amount of poverty to exist.

A review of various government websites, such as the United States Department of Agriculture (USDA), the Social Security Administration (SSA), and specific sites targeted at various welfare programs, do not offer suggestions for individuals to promote their welfare independently without assistance from the government. For example, they do not offer the opportunity to learn techniques, such as budgeting, to help residents be independent of the welfare system. Rather they concentrate on how to receive assistance. Therefore, it appears that the literature intends to show people how to enroll in the system rather than remain independent from it. The literature is comprised of numerous pdfs, documents, and aids used to assist or provide individuals with information on gaining access into the program and are available on the various websites. Additionally, the ‘literature’ found on these websites, or rather the language used, focuses on entrance into and the amount of time allowed in the system – not

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<sup>23</sup> United States Census Bureau. 2016. “Quick Facts Kentucky”.  
<http://www.census.gov/quickfacts/table/LFE041215/21>.

dependence from or transition from the programs once the individual is no longer eligible. My interview data illustrates, I argue, the ways in which this complicates opportunities for securing economic mobility for residents of Cedar Springs.

Many community members were passionate about finding solutions for the ‘welfare’ situation, the stigma attached to it, and how it prohibited access to resources. They were consistently concerned with outsiders thinking they were lazy and ‘living off the government’, running counter to a common stereotype and institutionalized prejudice that holds that these kinds of communities would rather live on welfare than address deficits in education and community cooperativeness, renovate state infrastructure, and encourage the introduction of new industries (Billings, Norman and Ledford 1999 & 2001). Some of my informants still believe that the only way to improve their community and break the cycle of welfare is by having outside agencies come into the area. Yet, this, too, might be problematic because of the underlying protectiveness and fear of outsiders, as noted in Chapter 4. Andrew, a preacher, employee of a local university and native of Cedar Springs, spoke at length about the concept of welfare in the community. He said that there has been a shift between generations, which has created schisms between community members and the potential for economic mobility:

My grandmother was a perfect example, my mom’s mother. If there was any kind of government gives away around here, she was first in line. If she wasn’t in line she’d send my cousin. You know most of my aunts and uncles moved away to get work and stuff but the ethic of whatever the government will hand out to me I’ll take...permeated the society in eastern Kentucky you still got families like ours who believe in work, who believe in, you know, bettering yourself, of doing, you know, helping your family out but you’ve got so many families who are just looking at the government for that hand out. And how



can I get more hand out and how I can I lie, cheat, and steal to get more and they have no self-worth. They have no pride; they have nothing left of what their ancestors taught them. (Andrew, Interviewed March 22, 2014)

Denita has been a resident for 39 years, and she also spoke of the change across generations. She used to work for a litigation office in a neighboring county, and currently works for the state Health Department on projects aimed at improving lives of community members.

The older generation had a lot of more work ethic, a lot more get up and go, the War on Poverty pretty much took that out of people. In my opinion, the generations now even if they do have a job, they don't really seem to think that they need to do any work now. (Denita, Interviewed March 20, 2014)

Matthew, a local preacher and schoolteacher, believes the welfare system has actually compounded problems in the community rather than alleviated them. His response illuminates what, for some, is a sense of dependency on a government institution, one which some of my respondents believe seems to weaken the strong kinship-like attitudes that have been historically used to define the community:

It's weird, so, it's this fierce independence in the sense of 'I don't need anybody's help but I do need your help' it's weird...um when you get into the welfare mentality which really I really think is so debilitating; you get to wonder as much as you need help I think the welfare system has had the opposite effect on so many people. (Matthew, Interviewed March 25, 2014)

While I was in Cedar Springs, some of my respondents became very agitated that the state of Kentucky planned on allowing a Wal-Mart (a large commercial chain store) on the highway next to their community. They claimed that it would close all of the local establishments – often referred to as Ma and Pa stores. Despite Wal-Mart carrying

vastly different items than the Ma and Pa shops, residents still felt threatened – at times as though their community was being invaded. Yet, in subsequent conversations residents would say that the best way to eliminate ‘welfare’ in their community was to have industries come into the area since this would provide jobs. At times, I felt as though residents understood how outside agencies could be utilized, but then this was countered by the powerful hold of fears that are products of their strong community cohesion, but also the fractures in trust within the community that cast a shadow over the residents.

Some of the community members were also adamant in their disapproval of both state and federal government, and pointed to it as the cause of their situation. These respondents developed a fatalistic attitude towards the welfare situation, as typified in this quote:

The social programs of Lyndon Johnson have been a horrible failure... it's caused the breakdown of the family in the inner-city [and] it's caused the breakdown of the family here because people didn't need to work, and so the money comes in they don't need to work and there was no mechanism that it was just a temporary thing,...that welfare is like an opiate and you need to get people off of it as soon as possible so even FDR even knew that and so I think that with Lyndon Johnson when they came up with that I think part of the problem was that they were kind of trying to sway their conscious from years of mistreatment what they've done now though, is they reintroduced slavery because people now are a slave to the government...it enslaves you to a menial existence where you can just barely get by and so that's the other part of the problem, and because it's been generational, it's bred into the attitudes of the people so, why work? So, what was a culture known for their ruggedness and hard-working now you know...there are still obviously hardworking people here so you know I guess you got to be careful when you talk about the problems that there's a

lot of good things here too and a lot of examples of people but if you look at the massive amount of poverty and that's the aspect I'm talking about. (John, Interviewed March 11, 2014)

Eric told me that the government was holding them back, preventing them from doing better. He also illustrated his concerns by use of the slave metaphor:

I think that too, we are sometimes held back by the government and I think the government right now, is got their thumb on us and they give us just enough to keep us under there and to keep us satisfied. (Interviewed March 18, 2014)

People offered opposing experiences when the conversation focused on how to address the 'welfare situation' within the community. One local pastor indicated that the community members want to help each other and that people want to feel needed. Other participants suggested in informal conversations that they wished that there were work-based programs, or that people could do community service jobs for money.

People will do what they have to do, they'll do what they have to do you know,...we did a similar benevolence program like that I wasn't there very long but it was able to keep going for a long time...we had some that really appreciate that and some say I'm liking being able to do something for my money but I think when people first get on out there unless they're second generation, third generation and they first get on it there's a hurt, people want to work, but then after a while get on that but then when you have a second generation third generation you act stupid at school we can get you on disability. (Matthew, Interviewed March 25, 2014)

However, residents using welfare assistance cannot necessarily take part in these programs; they have to choose – as indicated by individuals in the community who both utilize these programs and those who are agents of the programs. This highlights some of the flaws of the institutions and the predicaments in which community members often

find themselves. Abby is a resident of a neighboring county to Cedar Springs. She contends the 'welfare check' is a double-edged sword, one with which individuals can defend or harm themselves.

Well in one of my pastories there was a lady who had 5 kids and her husband came back from service in the military, and he was shell-shocked or something, he was never right so they wound up in a divorce went another way. She was left with those five kids, and she didn't have an education, she had a grade school education and welfare really helped her because she could get the government food, a government check, things like that. And that is what it's for and that is wonderful. But when you have people who are able-bodied, they can work, they can hold down a job but they won't do it, they [would] rather just draw a check from the government, that's awful, that is not good and we'd love to get out of that if possible. (Abby, Interviewed February 24, 2014)

Barbara commented on some of the destructive ways in which some people in the community act towards assistance:

They are acting up in order to make sure that the parents get a check for them, and it happens, I'm sorry. But then again you have some families that really take pride in what they have, they worked hard, they don't want to accept the food stamps, they take pride in whatever but then sometimes you know when it comes to feeding your children, you have to. (Interviewed February 3, 2014)

In a conversation with Tasha, some of the impacts that these fractions have on the community members' understanding of their positions and resources became very clear to me:

Tasha: Then really there's a lot of the young people are also as bad as I hate to say this one, truth is truth and a lot of young people are raised in this area with the belief that being able to get a disability check is a good thing and if they continue their education they're not going to be able to do that, so that plays a big factor for a lot of people

MJZ: So, you're kind of faced as a young person with the choice of do I do what I need to do to get a consistent income through a disability check, or do I kinda throw caution to wind and it may or may not disrupt everything that I've known because it might cause me to move away. Tasha: Yes, yes, that is one factor. (Interviewed March 21, 2014)

Margaret also commented on how different organizations view the 'welfare check'. A resident of Cedar Springs who works with many community members told me that he was having a conversation with a child one day, and he asked him what he wanted to do when he grew up. He said that the kid looked at him and said he wanted to be an artist...he wanted to draw a check (Shawn, Interviewed November 16, 2013). Margaret has noticed that for many of her clients, receiving a check is almost like achieving the American dream of having a white picket fence:

I have noticed for a lot of people, not so much the people I deal with yet more than, more than I would think is right but for a lot of people in this region being able to get that welfare is a feat... is a victory,...is an accomplishment, is a goal [so they don't have to work]. (Interviewed February 18, 2014)

This perhaps begins to highlight the dependency on assistance in the community, something which may itself be a response to the changing economic and institutional components of the community. The overall consensus is that the 'welfare check', and other assistance, culturally projects a very specific – and often negative – image of the community. Matthew explained to me in greater detail the paradox that having a 'welfare check' presents, on both the consumers and observers:

There's a little problem here because people who have jobs and work and look at welfare people and...and say 'oh they're screwing the system' and there's a resentment there especially when this person is able to get so much

money you got a family working 60 hours a week can barely feed your family you got somebody over here not working at all with 6 kids making tons of money buying potato chips and cigarettes with it so there's a real resentment it's hard. (Interviewed March 25, 2014)

For me, this illustrates the inconsistencies and poor management of the 'welfare check' – which then generates stigma. Matthew demonstrates the dependence on assistance in Cedar Springs, showing the deterioration of trust within the community and the possibilities of external opportunities. It is further complicated because the employment of the characteristics surrounding these two components cyclically perpetuates the necessity for the 'welfare check's' existence. By doing this, community members who normally exhibit a strong sense of community cohesion begin to move away from this stance, and they often make decisions based on their perceptions of how the 'welfare check' is used in the community – the values that are ascribed to it – in order to determine what is acceptable behavior and what is unacceptable.

I think...as a taxpayer I'm willing to fund the first one in order to have the second one; as a behavioral health practitioner I think there needs to be a way to successfully intervene with the first one that offers options ...that's not, it becomes like a job, if your job is to feed your family ok, how do you do that, and you have 3 choices one you can sell your body, one you can apply for support, or three you can drug deal. Which of those should you choose? (Lucinda, Interviewed March 5, 2014)

Scott believes he can be unbiased, due to his standing as a non-native of Cedar Springs, but simultaneously being well-known and appreciated within the community. One of the issues that he spoke to me about in depth – and with great passion – was the relationship between governing institutions and the community:

And the corruption here in this county has been epic and

so when you can't trust those in authority, then you see a breakdown and I see the same I see the parallels of what's going on in Appalachia here, I see the parallels in the inner-city, very, very, very strong parallels. (Interviewed March 11, 2014)

Scott works in a local church and he witnesses first-hand how these relationships and the deterioration of governing institutions affects community members. He sees how it affects social institutions like family and church, and he seems to carry great pain with him when he talks about this. He seems to so desperately want to help his community, and he consistently reiterated that they are good people. But he reminded me of what other respondents have also illustrated: that community members are often stuck in certain intractable situations. It is up to the governing institutions to assist, but too often feel that they interpret the lack of involvement – at least to the level they would like to see – as a product of outsider marginalization. In this scenario, we once again see the paradox of relying on the very institutions that are also perceived by some as the agents that perpetuate the needs for such assistance in the first place. What complicates this even further, I would suggest, is that those who work in these local institutions are also themselves community members, well-known ones in fact, and they are often elected into these offices or positions.

I think it's a hindrance, the way the system is set up, just because of people learning how to manipulate the system, they know that if they have another child that their check's gonna raise so much. To me, I get very upset thinking that people don't get married just because they can still draw welfare, and WIC, and get food stamps and it, in this region it happens all the time, but it's happening everywhere. (Barbara, Interviewed February 3, 2014)

Andrew illustrates the image he wants his community to have, but his words appeal to

outside agencies, not on strengthening the community from within.

We've got [companies] all throughout our nation we just have to be actively involved in trying to recruit them to come here and show them what we really have, we've got this negative persona about what we are here in eastern Kentucky and lot of people see it and they don't want to come here and then you look at the welfare and they think we're just mooching off the government so they say, well they don't want to work anyhow so we need to change our image here and we need to be better promoters or who we are and who we have here in Appalachia. (Interviewed March 22, 2014)

Martin, a non-native resident, thinks the issue of welfare and poverty can be addressed by “[a]llow[ing] [people] to make decision[s] about their lives instead of making it for them” (Interviewed March 5, 2014). A local doctor said that the patients she sees are commonly known as the ‘working poor’. When Margaret tells patients about the possibility of payment-in-kind (or barter), patients become “they are excited, they are very pleased...I’ve been in practice 20 years; I’ve been here for 17 and a half. In all that time, I’ve had one gentleman to refuse that offer” (Interviewed February 18, 2014). The doctor exchanges medical expertise for food or other necessities, or she encourages patients to pay it forward by providing services for other community members (e.g., lawn-mowing, babysitting, etc.). Despite this, the residents of Cedar Springs that I met appear to be set in their ways and they seem reluctant to try new approaches toward living on welfare assistance. Angela further illustrated difficulties within the community, which cause conflict, division, resistance, and deterioration:

MJZ: I’ve been told that you can’t educate the people, they don’t want to be told, they don’t want somebody to tell them what’s good for them or what would help them in terms of financial stuff or health stuff.

Angela: The only way that I see that working, and I know



a lot of people say well government can't do everything, but when you're talking about so many people that are inhibited, that don't have a lot of outsider,... it would have to be mandated I think here. (Interviewed February 4, 2014)

Another issue in the community is that, the younger generation will have certain employment or education goals, but they do not reach these goals because of either fear, or because the job they want is located outside Cedar Springs.

I've heard students say things like 'well I'd really like to go into'...let's just say broadcast journalism ... but there's really not a market for that here, and I wanna stay here so I'm not going to do that you know. (Tasha, Interviewed March 21, 2014)

As a result, the younger generation will go into a career because it is both close to home and has vacancies. She further illustrated that this created contempt and individuals start to find themselves into compromising social and economic situations. For example, there are not enough jobs in the community to support the demand of workers. Antonio and Kelly – both natives of Cedar Springs – have also noticed the generational shift. Rather than discussing the financial aspects of the 'welfare check', though, they chose to discuss the deeper meanings of the limitations on a person's capabilities that utilizing assistance can bring, as well as how growing up in an environment in which it is normalized hinders certain abilities. This undoubtedly hinders their social and economic mobility because success is defined very narrowly and therefore marginalizes opportunities for people to access various networks and resources.

That's another thing you see a lot, it's the problem with the handout in general. It's not your money. Part of the thing that makes money valuable is the struggle necessary to get it, is earning it, it ascribes more value to it, when you just have it you just don't appreciate it as much I don't

think. (Antonio and Kelly, Interviewed March 30, 2014)

Scott also discussed the correlation between the ‘welfare check’ and ambition. The breakdown of characteristics, such as this, and potentially others, might indicate the breakdown of social dynamics, such as trust, within the community. Once fissures begin to emerge in a community’s character or defining norms, then it becomes difficult to address other immediate social issues, such as the most pressing economic ones.

The next pillar of the problem is from the old adage is that if you give somebody a fish or if you teach somebody to fish then they will have fish for tomorrow but if you give somebody a fish then you have to keep giving them a fish every day, and so the, the social programs of Lyndon Johnson have been a horrible failure...it’s caused the breakdown of the family in the inner-city...its caused the breakdown of the family here because people didn’t need to work, and so the money comes in, they don’t need to work and there was no mechanism that it was just a temporary thing. (Scott, Interviewed March 11, 2014)

Angela echoed what Scott said, as she described the changing dynamics across the generations: “your poor incomes, a lot of them has been raised from generations on down that drawing a check is the way to secure an income, one of the reasons I think is because of the job security here” (Interviewed February 4, 2014). This is vital in understanding the relationship between social capital – its value or the way in which it is understood in a community, its utilization or deployment, and even its acquisition in the first instance.

However, many residents in Cedar Springs believe that ‘the deficiencies’ in their community are directly related to the operation of governing institutions, whether local or federal. These accusations and responses towards the government mean that while residents complain that the government does not help or even hinders them, they are

nonetheless reliant on this assistance.

Yeah, whether it's state, local, federal or even someone that's going to take care of them you know on a corporate level here close by I think they just feel as if "well somebody will take care of us", "somebody will come through" we don't feel that personal uh...liability...this is a ...we have to do this, we have to do this, they just don't feel that. (Wilson, Interviewed April 1, 2014)

Some felt other residents might have a sense of entitlement to financial assistance, which produces distrust and a breakdown of communal bonds. This appears to draw attention to other issues, such as a breakdown in agency and community cohesion because the approach to welfare is that it is easier to give up because some do not have confidence in the government to provide sufficient opportunity to alleviate the dependency on welfare assistance. Caroline, a non-native member of Cedar Springs, told me this story about a local woman in her church:

I've seen definitely, ...actually talk with one person who goes to my church and she said that she was disabled, she had like a back injury and she got over that, then she started getting anxiety and she was honest with me and she said, even though I could technically work, she said why would I work when I get disability that pays me ...you know it was almost like she was settling like using her disability...I think that's just been given to her and it's been ok by the government, so for some things like her case poverty seems to be the easier way, or maybe not poverty but not striving to go the extra mile to better yourself or on a personal level. (Interviewed January 29, 2014)

Another heartbreaking story recounted to me while in the field was of a gentleman who by all medical accounts deserved to receive disability. However, because he would not take the narcotics prescribed for the pain, the doctors refused to sign his disability forms. When asked why he did not take the pills, the doctor who was

being interviewed indicated that he was afraid he would become addicted to the pills and he did not want to add to the stereotypical image that already exists of Appalachians and drug usage and dependency on welfare.

Yes, that's a very sad story. He was a young man in his 40s well that's not young, that's middle-aged, widower taking care of his retarded child that belonged to the woman not to him but he was taking care of this child, and he was in severe pain and we did MRI's on him and he had the spine of a 90+ year old, horrible, horrible. Yeah, he was in such horrible shape and such a hard worker and just, and we tried to get him disability in order to do that... you have to go to the medical doctors. He went to a medical doctor here in town and they said how in the world are you even walking, you need this medication which is pain medication, which he refused because so many people around here are addicts that's how it starts. And that's how unfortunately some of these doctors do business, that's how they stay busy and he refused and he said "I do not want to, my chiropractor keeps me going I do not want to be dependent on drugs" and that... because of that interaction he never got his disability. Because disability has to be sanctioned by a medical doctor and if you're not going to do what a medical doctor says you don't get the disability, and he never had it, very, very sad. (Margaret, Interviewed February 18, 2014)

This story does not only illustrate what, if true, appeared to me to be one man's strength and courage to accept the situation or event that occurred. Instead, I think it shows the perceived (or real) deficiencies in the institutions, to the point that this man would rather suffer than be relegated to a stereotype of his community. Such accounts gave me a sensed that community members have lost confidence in a variety of government assistance institutions, and yet because of the economic make-up of the community, they have no other choice but to rely on them. Furthering this, Pete and Sally elaborated on the problems with the system, saying that:

What I despise is the 3rd and 4th and 5th generation now that we've got that, are gaming in the system and the way the things are going...I worked for the Health Department for 5 years in [county] and the way the programs are written is they are written to let the people and to encourage the people who are so willing to...to game the system and it's just sad because unless those programs disappear, those people will never come out of that. (Interviewed March 22, 2014)

We see this further substantiated, specifically at a state level, in Lucinda's discussion of the appropriation of federal funds for the state of Kentucky in response to the closing of the coal mines and the elimination of the coal companies, which were historically a vital source of income in communities like Cedar Springs:

Probably has to do with [Dr. KY] knows about political kinds of situations, who the power brokers are where they're located um I this this area is really represented very well, in the in the...I think they took a lot of the money with the coal severance tax instead of that money staying right here to really build this area up and bring in jobs...it all... left to the bigger cities and hit heavy, how fair is that, would that have happened, money was being generated out of Louisville, Lexington or Irving, Kentucky...I doubt it seriously. (Interviewed March 5, 2014)

This is problematic, because previous evidence provided in this chapter suggests that in order for a community to improve these kinds of social and economic challenges, everyone must engage in establishing stronger connections, both internally and externally to the community. This is unique, because my research indicates that members of Cedar Springs want to maintain connections within the community, and are rather apprehensive about establishing external connections. Yet, as many of the interviews went on, they indicated slightly that, perhaps, outside agencies could be beneficial to the community. But when stories such as this circulate and are given social

value in this kind of community, then the opportunities appear bleak. Walter spoke of what he saw as some of the corrupt aspects of the government when he said, “in our particular area in eastern Kentucky we’ve had an attorney that was accused of having a judge bought off (Interviewed March 24, 2014). But they were more impassioned and adamant about doing something at the local level.

But it can be done. If the powers that be would make the right decisions on how to make the infrastructures of the road better. I know that they think that the bypass is going to help which is may but they need to find a better way to get it to work industry can get access to that quicker faster, and then they’ll want to come down. (Brent, Interviewed March 1, 2014)

Issues like this substantially affect the dynamic of the community and its members.

Matthew said reflectively, when asked about the issues people report with the institutions:

I will tell you the people that I’ve met since I’ve been here are some of the best, great neighbors really care about each other but sometimes institutions really have trouble individuals are great the people but you know we have two separate schools systems uh that still pick at each other, they’re still political, and don’t really work together you see some of that happening there’s no real political system here like process for electing people here it’s just you get out and try to get more of that. (Interviewed March 25, 2014)

This suggests a true breakdown of the institutions and of the community’s spirit and sense of itself. Based on the power these interactions have within a community, this further illustrates the need to understand the intricacies of the social mechanisms involved, so that a community like Cedar Springs can truly utilize and acquire the ones necessary for it to prosper.

However, certain issues still remain. Pete very vividly recalled the ways in which welfare is presented to community members:

Pete: Well there was even a push by this current administration in North Carolina that I saw...but the objective of this program was to overcome the pride of the people in order to get them to sign up on welfare, and that was the stated purpose of the program they even had training videos on how to overcome their pride to get them to sign up on welfare

MJZ: So, breaking down the human spirit so they can...

Pete: Well, they thought that it was a stigma, but they didn't couch it on those terms to remove the stigma of being on welfare but the stated purpose in the training video of that particular government agency to overcome their pride in order to make them more receptive to going on welfare. (Interviewed March 22, 2014).

While this is referring to the state of North Carolina, the perceived actions, or rather inactions, of officials urgently demonstrate the need to remove the social stigma surrounding the 'welfare check'. One must question whether the removal of stigma in relation to the 'check' is due to changing norms within various communities, or whether the normalizing of the 'welfare check' calls into question larger, more fundamental questions, about the associated institutions? Statements such as Richard's below point to a fundamental issue regarding the establishment of connections to ensure the overall welfare of a community:

Employment is not there or they're not willing to leave the area in order to [get] it...[t]hat is still the typical thing to do but if you don't have much motivation and you didn't get your education well then you can get locked in and I can survive on what the government sends me and go with that. (Interviewed February 6, 2014)

### ***Discussion***

The 'welfare check' is a particularly heated artifact in Cedar Springs and in the

region because it causes friction between people, trusted entities, and challenges on a daily basis how individuals potentially view themselves. As noted earlier in this chapter, government assistance, primarily the wide array of assistance used in the 1930s, was welcomed, but seen as temporary. The country as a whole had hit hard economic times and pulled together to remedy the situation. However, this same attitude of being able to bail yourself out of a hard situation is so engrained within the American psyche that when individuals do not exhibit such rugged behavior, they are seen as outcasts and ideas about their situation stir in community conversation. Is it because she does not want to work; is he a former coal miner; does she deal drugs; and does he not have any ambition or drive to seek employment? These questions, and more, swirled around the community of Cedar Springs much like the smoke swirled from chimneys enveloped the mountains in the dead of winter.

Due to the various reasons as to why individuals rely on government assistance within the community, unfortunately some of those reasons are not the ones intended by the government, community members who once viewed Cedar Springs as an extended family now watch carefully and stigmatize individuals. In *Worlds Apart: Poverty and Politics in Rural America* (2000), Cynthia M. Duncan vividly characterizes the stigma in her ethnographic account of Blackwell – a mining community in the Appalachian region which remains highly impoverished. She discusses at length how individuals in the community will ‘blacklist’ residents for jobs, or use an individual’s last name to associate who their kin are...and ultimately the kind of individual they are. This kind of policing destroys community kinship. Furthermore, I argue that it allows for high amounts of scapegoating and self- fulfilling prophecy to produce negative results.



As demonstrated in this chapter so far, there is a paradoxical relationship between the necessity for welfare assistance in Cedar Springs on the one hand, and the perceived and real institutional inefficiencies on the other. Residents of Cedar Springs have very strong opinions about the value, role, and function of the ‘welfare check’ within their community, and passionately I seek to reduce dependence on it. The ‘welfare check’ shows us that individuals in Cedar Springs grapple with the negative normative associations and values embodied in the ‘welfare check’ as it functions in their community. Many residents do not like the association that ‘the check’ has with their community, yet due to the economic characteristics of the region, it is sometimes considered a necessity. Many residents I spoke with feel that the ‘welfare check’ in their community has been violated, that it has altered how outsiders view the community, and even how community members view each other. This challenges the cohesion as first understood in Chapter 1 through my participant observations and the field interviews. The result of violating the ‘welfare check’ creates a separation of community members – ‘them vs. us’. In doing this, it might be argued that community members are forcing themselves to increase their reliance on the ‘check’ and other assistance programs provided by local and federal governments. Since the other component is access to institutional resources, and the evidence presented in this chapter suggests that there is a serious deficiency here, community members are forcing themselves to rely on a system that challenges their normative approach to the ‘welfare check’, and more importantly, they are diminishing opportunities for social and economic mobility. While this seems accusatory towards the community members, it is not intended as such, but rather my intention is simply to highlight how the (combination of perceived and real)

inefficiencies of various institutions cause a lack of ability to communicate opportunities that a community can have. It also serves to highlight, I think, the policy imperative to find more nuanced understandings, employment, and utilization of social capital, and how they might be beneficial to multiple stakeholders and community members.

Many scholars, as previously noted in this chapter, call for a re-examination of capitalizing on the strong social bonds that are seen as defining of communities like Cedar Springs. But in order to accomplish this, community members need to have a strong bond, and evidence suggests this is fracturing in this locality. In doing this, community members would not have to rely on outside agencies, but the institutionalized reliance on the ‘welfare check’ creates skepticism within the community. This coincides with the attitude that residents of Cedar Springs hold about the role of outsiders coming in and prescribing solutions to their economic challenges without their consultation. Growiec and Growiec (2014: 282) conclude that, “distrust...generally slows growth down, and may even preclude it in some cases”. This can be problematic given the paradox and reactions around the ‘welfare check’. Kim and Loury (2014) examine the relationship between network effects and poverty traps. They provide evidence that there is a generational component because if a ‘newborn’ cohort is created – that is, a newer cohort that is optimistic about the future of the group - then the group can release itself from the poverty trap (Kim and Loury 2014: 537). My own fieldwork in Cedar Springs finds some evidence for this. But there is still a specific behavior and attitude around the ‘welfare check’ that does not allow for the existence of a ‘newborn’ cohort to exist, thereby perpetuating and even increasing the reliance on institutions. Knack and Keefer (1997: 1284) conclude that “low social polarization, and

formal institutional rules that constrain the government from acting arbitrarily, are associated with the development of cooperative norms and trust”. My data supports this, too, further underscoring the need for collaboration between residents of Cedar Springs and those institutions that deploy in the community.

While I was in the field, residents would tell me that officials in the community did not want to bring in large companies, though many felt that this would alleviate the economic situation because it would bring in more jobs. Community members rely on the popular notion that large companies would not profit in their community due to the obstacles presented geographically and socially. This, too, seems problematic: residents often indicated to me that they might not have a car to get to those jobs, or that they might not have the money to put gas in the car. In fact, many said that being ‘on welfare’ paid for some things, but it did not pay for expenses such as getting to work. Essentially this places residents in a compromising situation.

The current attitudes of the younger generation have had a de-evolutionary effect on the social mores and norms of the culture. This, in turn, is reflected in the attitudes surrounding the ‘welfare check’. For Cedar Spring residents, much of the criticism over the ‘welfare check’ has a direct association with the government. It is imperative to examine how much influence the government has in regards to the ‘welfare check’. According to the Social Security Administration, “the development of social welfare programs has been strongly pragmatic and incremental...[p]roposals for change are generally formulated in response to specific problems rather than to a broad national agenda” (Social Security Administration 1997: 2). However, this “pragmatic and incremental” approach does not always appear to work collaboratively with the social

norms of community trust and collaboration that I observed in the field. As noted above, the way to address welfare related issues within a community might instead be to employ internal opportunities, to allow community members to assist themselves.

The scapegoating, which is seen in Cedar Springs is not solely directed at individuals but also bigger organizations, namely the government and outside agencies. Consistently residents blamed the government for creating an economic environment in which they had no other choice but to depend on the government for support. The blame continued further when residents indicated that smaller, more local agencies, such as the Transportation Department, failed in creating adequate road systems in which individuals could safely drive to and from work. This notion of road safety and accessibility will be revisited in Chapter 6 when I examine the glucose meter. Residents were also frustrated as exhibited by behaviorisms which indicated they felt stuck. They would consistently claim that there are no jobs in Cedar Springs, that the only jobs they could get were in the next county or several over, that if your car is unreliable that is another issue and that they did not have the gas money. However, some pointed out that if they had no work, they had no gas money, and this presented a cyclical effect as well. They felt stuck, emotionally, financially, and socially. Furthering this, they presented a conflicted attitude in that the only solution was to have outside industries come into the region and create more jobs. However, more often than not, in the same sentence, they said they would not want this to happen because previous history indicated that outside industries would come in, take advantage of them, and probably not hire community members due to their lack of skills or that the companies would hire cheaper labor.

In combination with the fear of what lies beyond the social and geographic

boundaries of the community, and external agencies and companies choosing to open in larger, more well-known communities, the ‘welfare check’ becomes very contested in Cedar Springs. Putnam would argue that the ‘welfare check’ breaks down a community’s ability to strengthen and acquire bonding social capital, and in some instances, he may be correct. However, as was seen in the chapter, many of the activities and attitudes displayed by the residents of Cedar Springs – found within their strong community cohesiveness – actually allow for the perpetuation and reliance on the ‘welfare check’. He also claims that communities low in social capital have less meaningful social ties. I show here that the ties are not less meaningful, but rather that our understanding and our reading of the significance of certain social ties require more nuance. In some interviews, residents indicated that there was a stark difference in those that needed the ‘check’ and those that were ‘just plain lazy’. But, with the fear of leaving the community combined with the lack of industry entering the community, the ‘check’ still remains a contested, conflicted, and constant artifact within the community. The ‘check’ is also used in this aspect to separate and stigmatize individuals who require the use of it. Those who do not have to use it are seen as being better off and envied by other community members. Those who do require the assistance are seen as lazy and are often talked about by those who do not need the ‘check’ as an example of the breakdown of our society. The conversations around the ‘haves and have nots’ remain strong and conflicting within the community.

At first glance, it can be assumed that the residents of Cedar Springs are a bit overzealous in their attempt to place blame elsewhere. However, when reviewing the literature, or when engaging in casual conversation with employees in the welfare office

within the community, there was not any literature or classes which educated residents on overcoming such obstacles. Rather, what information I saw instructed individuals on how to apply for assistance or report assistance fraud. For many residents, because of this, they had a ‘damned if I do, damned if I don’t’ reaction to assistance. Additionally, residents tried to understand how their identity from previous generations had been changed from that of a rugged, self-sufficient mountain man or woman, to that of an ‘artist’ – one who draws a check. In recent years, the changing climate of the United States – its values – has moved at a rather quick pace, and unfortunately, my understanding is that residents of Cedar Springs and the Appalachian region have not moved quick enough to keep up with that changing economic forecast.

Bourdieu would question how individuals in various generations have access to resources in which to combat the necessity for the ‘welfare check’. Many people spoke of certain families having an affinity for its use. This familial association demarcates certain individuals as being less desirable and therefore allows for such a phenomenon as the self-fulfilling prophecy to take hold. Residents told me of younger generations who aspired to be ‘an artist’ when they grew up because they wanted to ‘draw a check’. These individuals were usually lumped into a group in which the parents were accessing welfare often, yet residents indicated that for their generation it was not acceptable, but for their grandparents it was necessary. The generational transformation of understanding the ‘welfare check’ and having access to the resources surrounding it affect one’s economic and social mobility. However, as seen in the field and discussed in interviews, these attitudes and responses to this artifact change drastically from generation to generation and do not follow the same patterns as Bourdieu discusses in

his work. What we see in Cedar Springs is an aspect of immediacy, rather than a gradual change.

The residents of Cedar Springs have a community which holds certain concrete notions of what they value and respect in their community and within its members. They value kinship, communal affinity, hard work, and pride themselves on their ruggedness that was so defining in previous generations. However, the all-encompassing American climate dictates that this is not enough to have a substantial livelihood. In order to ‘make it’ one must have several degrees and work in a highly stressful and competitive job. In this regards, the generations – which have been seen rather quickly, as opposed to longitudinally as Bourdieu would claim – have pulled back in response to this push factor and feel threatened. Tradesman jobs, which are what many of the residents in the area are trained for, are not considered desirable. In response to this, it is easy to understand why residents of Cedar Springs feel conflicted. They are responding to the push to be more up-to-date with the changing employment climate, while simultaneously being concerned that the introduction of outside agencies will either compromise their values or not alleviate the economic situation as they would hope.

With all of this noted, we ask ourselves, ‘how does social capital fit into this complicated algorithm which calculates residents’ apprehensions and potential economic gains’? Social capital is the relationships or relational social engagements which allow a person to gain or exchange social or economic resources; what role does the ‘welfare check’ play in current scenarios in Cedar Springs? A community such as Cedar Springs has the capability to work within its physical boundary lines to create jobs, encourage

residents to be more than an artist, and rely a bit more on outside agencies without totally sacrificing their community or values. In this aspect, it should be urged that programs operate within a spectrum of outside agencies and insider opportunities. In doing this, I disagree that the only answer to this economic situation is founded within outside agencies and corporations moving into the region. However, I also disagree that agencies within the community cannot do more by educating and providing internal opportunities rather than merely illustrating how to apply for assistance or report fraudulent activity.

As shown throughout this chapter, stigma is very present when discussing this artifact. It was once seen as a necessary and acceptable tool to help individuals survive. Fast forward several decades, and you could argue that the purpose behind the ‘welfare check’ – survival – is still present in Cedar Springs. However, the quintessential American cultural attitude of ‘pulling yourself up by your bootstraps’ suggests that the contemporary use of the ‘check’ is solely because an individual doesn’t want to be successful. Many residents in Cedar Springs argued that it is the government’s fault for such a heavy reliance on the ‘check’. They argued that if industry was brought in or if there were better infrastructures than they could easily stop using government assistance. So what we see here is a need to not focus solely on bridging capital as an opportunity to increase economic and social mobility for individuals as Putnam would suggest. Rather, I argue that we remove the stigma around such artifacts as the ‘welfare check’ and in doing that we capitalize on the community cohesiveness and have residents work within the community to remove the welfare-dependency.



## **Chapter 6**

### **Glucose Meter: Access in an Appalachian Community**

One evening, waiting for a storytelling event in Cedar Springs to begin, I overheard a man, George, and a woman, Paula, discussing rather heatedly the state of his health. She was agitated that George's sugars were not controlled. In various informal conversations that I'd been having, difficulty controlling one's sugar, along with other health attributes like cholesterol were endemic in the community. This was reinforced when community members, such as Scott, discussed how people in Cedar Springs understand their sugar: "I've got sugar...I've got sugar, that's what they say...[a]nd but you see very few people that say, 'no, I can't eat that, I've got sugar'" (Interviewed March 11, 2014). 'The sugars' is a colloquial term used in Cedar Springs – and probably in many communities like it – to describe diabetes. And as my time in Cedar Springs drew on, I quickly became aware that having 'the sugars' was not a terrifying thing, but something rather common, ordinary, often spoken of nonchalantly, as if someone noted they had a headache or that it looked like it was going to rain today. Even in talking with Eric, he said "my father got sugar" without changing tone or gesture; it was not something to be concerned about – just matter-of- fact (Interviewed March 18, 2014).

These reactions might suggest that community members do not take ownership or control of their health, that there is a sense of fatalism or passive indifference. And yet based on my time in the field, my understanding is that this fatalistic attitude may be in large part a response to the inefficiencies of the health care system within the community, in a way, a displacement of sorts. For residents to understand their health

status, and to fully utilize the health system's resources, the gatekeepers to those resources must make these resources available to the residents. These gatekeepers do not pass resources along to community members either because they lack the cultural knowledge, financial resources, or, what I often saw in the field, developed a prejudice against their patients.

Diabetes is not only a disease of the body but also of a community. More generally, the topography and the local economy of Appalachia as a whole combine to create barriers to accessing adequate health care. A primary way of attempting to remedy this is collaboration with institutions, such as clinics, in the community (Serrona, Leiferman and Dauber 2007: 122; cf. Diabetes Prevention Program Research Group 1999). In other words, diabetes is a social illness that has a strong correlation with the inadequacies of health care within a community, and that ultimately affects an individual's access to other social networks and the resources attached thereto. Diabetes also has a strong correlation with stigma. I can speak from experience, being labeled a diabetic can cause you to re-evaluate your role and identity within society. This often leads into questioning: how people understand whether they are healthy enough to work? Should they disclose this information to their employer? Are they even required to?

For some, myself included, being labeled a diabetic means that somehow you are defective, in other words, stigmatized. In this chapter, I draw on my personal experience with the disease to better understand correlations, personal interpretations of the disease, how this can affect the construction of identity, as well as how this re-evaluation can affect access to various networks, that is, bridging capital. I discuss, for example, the fact that I was afraid to interact with individuals and became more shy when I was first

diagnosed with the disease because I was apprehensive about how people would come to understand and view me. I interpreted having the disease as being weak and so chose not to engage in certain groups or ignore doctor's orders in the hopes that it would go away. Retrospectively, I will never know what social opportunities or networks I failed to access because of this fear. Furthermore, so far I have spoken about my choice in accessing certain networks, but as will be seen below, residents were often not afforded this choice – primarily when discussing medical specialists – because they were socially and geographically isolated. This undoubtedly affects how individuals access various networks, which results in a failure to acquire and utilize social capital.

Being stigmatized affects one's understanding of social capital, because the ways in which an individual internalizes or reads the reactions surrounding stigma can undoubtedly affect their access to social and financial resources. Individuals may choose not to partake in certain social activities. They might also elect not to take part in medical related activities because this would mean accepting a label that is difficult to deal with, socially and financially. However, this is not simply a matter of an individual acquiring the financial means to see a health care professional. Rather it highlights how a globally recognized disease and stigma attached to it are read and interpreted by members of a community and how these readings either provide or prevent access to those individuals within the community. As will be shown throughout this chapter, residents are stigmatized for being in an area where the disease is prevalent, and labeled pejoratively as ignorant or careless in their health care approaches. But what I actually show is that these misreadings are ascribed by outsiders and, as a result, inefficient health care access occurs – in this manner residents respond (or cope) with recalling

nostalgically how to live.

Having been a diabetic for fourteen years and coming from a family where the disease is rampant, I became concerned at the lack of information in the health clinics in Cedar Springs. What I would consider common knowledge about the disease was often missing from my discussions with community members. After George learned that I was a diabetic, he opened up to me about his confusion of what to do and the lack of guidance he had received for his disease. His appearance softened after discussing my health, and instead of seeming defensive towards Paula's comments, he became inquisitive about what he could do to help with his disease. I talked to him about very basic things that I have done to control my blood sugars and was very surprised when George said that no one had ever told him these things. When he was diagnosed, George informed me that the doctor didn't do much more than give him a glucose meter. Conversations with community members suggested to me that his experience was the norm, rather than the exception.

In the semi-structured interviews and participant observation, I came to understand the workings and consequences of inadequate access to health care in Cedar Springs. I hope to explore this both as a form of capital, as well as being entwined with stigma. Based on conversations I had, it was apparent that the inadequate health care system in the community, combined with the rootedness discussed in Chapter 4, and a certain blocked economic immobility – a partial contribution of which were the restraints around the 'welfare check', as seen in Chapter 5 – resulted in tensions within the community, and a lack of response outside of the community. This calls for a more nuanced understanding of how stigma operates and of how the development of greater

social capital might alleviate some of the issues surrounding these artifacts.

As noted in Chapter 2, bonding capital is both a product and a tool which can be used in providing access and care to patients. The close-knit nature of Cedar Springs, as established through strong bonding capital, can potentially be helpful in treating patients. However, their strong bonding capital may also potentially prohibit them from gaining further access or even adequate access to health care officials because of the geographic and social proximity with which patients view their lifestyles. Trust, which is commonly associated with bonding capital, is paramount for residents in Cedar Springs to have adequate access. Furthermore, stigma plays a huge role in the residents' access to health care. Just as will be seen in this chapter, even if a resident has the resources to access health care professionals outside of the community, the stigma that is so heavily attached to the town already stigmatizes individuals who do not appear to take care of their health or visit health care practitioners. Therefore, the glucose meter helps us to understand how inadequate access to health care impacts social and economic mobility by thusly impacting access to the resources and networks, and the stigma associated with ill health.

Residents of Cedar Springs spoke to me of ill-treatment, poor attitudes from health care professionals, and would rather 'suffer' or endure with what little resources are available in the community, because they believe it is more trouble than it is worth to go see a health care professional outside the community. This, I argue, explains why residents of Cedar Springs appear to 'accept' their physical ailments. I argue that it is used as a coping mechanism to deal with the lack of access to health care. During the conclusion of this project, a community member – who frequently uses Facebook as a communication platform – indicated that she was recently diagnosed with diabetes.

When she had tried to access resources or tools, she was told by the county health department to Google ways to assist her diabetes. She was diagnosed in the hospital and does not currently have a physician to monitor her diabetes; her only option is to go to a city almost one hour away. Because of scenarios such as this, many of the residents claim that ‘what was good for their grandparents – or parents – is good for them’. In making such grim statements, they are drawing our attention to the way in which they almost fatalistically accept the situation because, for many, it is too grim a situation – perhaps even a life or death. In accepting their health situation in this manner, many of the residents indicated that they do not have any power when addressing health concerns in their community. This fatalism may also serve to displace some of the personal or behavioral stigma more widely associated with ‘having the sugars’ outside of the community.

While in the field, I observed that health care professionals in the community, particularly those that came from it, drew on their knowledge of familial association to direct patients to healthier ways of living. They drew on and used the strong bonding capital found within the community as a tool to impact individuals and their life choices. However, due to the geographic and financial restrictions found within the community, patients usually needed to be seen by specialists. These specialists were not located in the community and were often 45 minutes to an hour away at best, given optimal road, weather, and financial conditions. Once this hurdle had been overcome, many patients were discouraged from making additional visits with specialists. They found that these health care professionals stigmatized and stereotyped residents from Cedar Springs – on the presumption that since they were from a rural and impoverished community, they

were not educated and would not understand the health care directions they were given.

Health is an important topic to examine when discussing social capital because it impacts and shapes many other aspects and areas of an individual's life. For example, if an individual is too ill to work, does not have the resources to go to a clinic, or is in the impossibility to potentially miss days at work, their health falls in further decline because of lack of diagnosis or treatment. Economics also plays a huge role in health. While in Cedar Springs, I was astonished to see the average diet or the lack of initiative in physical activity. These two phenomena are a result of various things: outdated attitudes, such as what was adequate for their ancestors is good for them, a majority of residents being 'working poor', making ends meet by working several jobs, inadequate access to healthy foods or areas to exercise, and types of foods covered by welfare. Many residents were apprehensive about outsiders coming into the community, particularly in regards to health matters, because previous attempts had consistently produced health care professionals who were unknowledgeable about the local culture, and were prescribing routines that could not be completed.

After spending time in Cedar Springs, the issues surrounding access to adequate health care, I argue, help to perpetuate class inequality. As a result, lack of access for residents potentially concretizes the behavior associated with health and is potentially a response to the fear that if residents come to terms with the issues in their community, fully, then the outlook is far grimmer because other social mechanisms are in place that do not allow for them to access adequate health care. The emotional connection intrinsic to the abundant bonding capital in the community can serve as a mechanism to ease health concerns, but sometimes they also reaffirm and entrench certain behaviors. Yet

when examining the often-held notion that bridging capital would introduce positive benefits to communities like Cedar Springs, the stigma placed upon residents by outside communities only furthers to diminish any access to adequate health care that might have existed.

This chapter explores these claims in three sections. The first examines health in the community in terms of close relationships – inside and outside the family. I argue that the community’s cohesiveness suggests opportunities for residents to overcome aspects of poor health, but that this is challenged when a better understanding of the lack of involvement by medical institutions is presented. The second section examines how a culture of fatalism has become a response to inadequate opportunities for partnership between community members and the health care system. This creates a deficiency in health care education and thusly denies residents a certain agency regarding their health, which, in turn, removes their ability to foster other social characteristics that could alleviate the concerns of the community. In concluding, I argue that a deeper understanding of Cedar Springs’ utilization of health care services invites us to question the tensions felt around the system within the community. Many residents indicated that there are two main industries in the community: teaching and health care. However, in order for residents to access adequate health care they must go outside of the community. Therefore, the question of profitability – both economic and social – are examined in the concluding section.

### ***Healthy Community: An Investment in Social Capital***

While living in Cedar Springs, I had the opportunity to sit in on many community meetings held by various organizations. One such meeting was hosted by a state funded



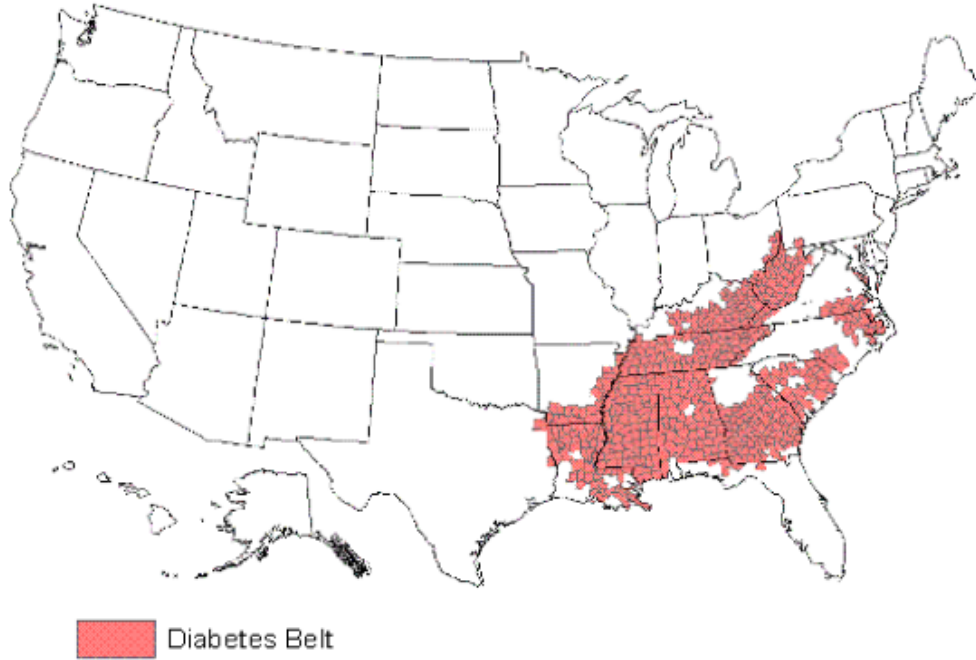
organization whose primary goal was to combat childhood obesity. The committee was comprised of various community stakeholders such as doctors, government officials, and concerned community leaders such as pastors. Going into the meeting, I thought this would be an excellent opportunity to see community members from various backgrounds actively participate in combatting a rising health concern. My excitement was quickly replaced with confusion. The leader of the committee asked members whether anyone had spoken with the superintendent in order to find out how they felt about having teachers adjust the curriculum to encourage students to eat healthier. According to committee members, the best plan of action was the school institution, which was noted in the meeting I attended, but was not located anywhere in the binder documenting the committee's meetings and minutes. They indicated that according to an assessment conducted two to three years prior full responsibility for children's health resided in the structure of the school. While this seemed promising at first, this meeting highlighted a weakness: they were neither fully utilizing their resources, nor approaching the problem from different levels within the community.

By then I had been in the community for several months, conducted numerous interviews, and engaged in countless hours of participant observation. Residents of Cedar Springs indicated that while health concerns exist in their community, they are unsure of how to address them. When I inquired about starting health programs that were community-led or what community leaders thought might be steps worth considering for the overall health of the community, I was met with silence and puzzled looks. One community member who had participated in the health initiative meeting said that I could take a look at the report that was conducted. The report lacked

qualitative and quantitative information, as understood by basic rules of social impact assessment standards, in order to assess the health care situation in the community and was not able to advise on any future policy implications to alleviate the issues. The report had nothing to indicate that they had spoken with or involved community members. The few sources that they cited (a total of three or four) were very vague – none of them concentrated on obesity within the region or in the United States as a whole. There was no documentation to indicate a plan of action to use the worksheets or test the ideas listed in the report. After spending several days reviewing the report, I concluded that two elements were missing from it: data indicating the primary health concerns of the area, and the voices of community members themselves.

In order to visualize the how rampant diabetes is in the Appalachian region, I draw attention to Map 4. Map 4, provided by the Center for Disease Control (CDC), shows a heavy concentration of diagnosed diabetes cases in the United States. As can be seen, many of the states, as discussed in Chapter 5, are also states plagued with diabetes. I conclude that there is a correlation between diabetes and income; and in doing this, also conclude that by alleviating some of the socio-economic ills, we may perhaps alleviate the abundance of diabetes in the region. As this chapter progresses, I will speak further at the correlation of economics and diabetes.

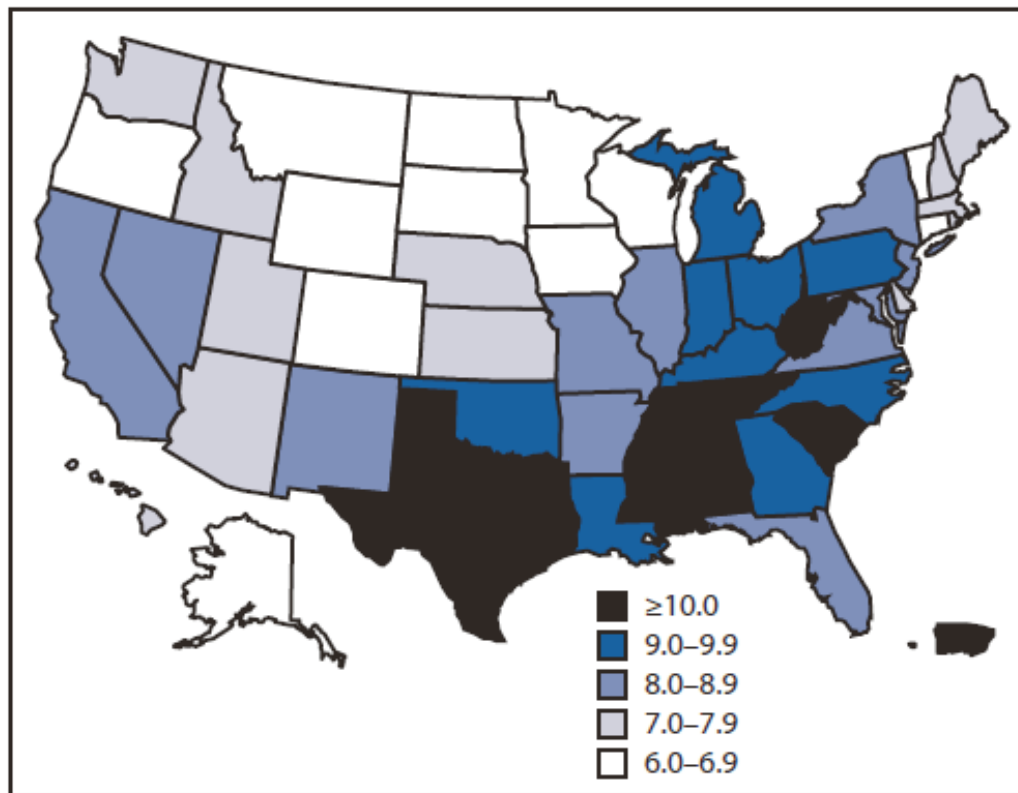
**Map 4: The Diabetes Belt<sup>24</sup>**



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<sup>24</sup> Center for Disease Control. 'The Diabetes Belt'.  
<http://www.cdc.gov/diabetes/pdfs/newsroom/diabetesbelt.pdf>.

**Map 5: Prevalence of Diabetes of Adults at Least 18 Years Old<sup>25</sup>**



As is shown in Map 5, Kentucky, along with many other southern states such as Virginia and Tennessee, rank high among prevalence in adult diabetes. This further shows the prevalence and correlation between working-age adults and the disease. I learned early on in my fieldwork experience that community members were tired of individuals and organizations coming in and prescribing what they thought the community needed, rather than asking residents what they thought they needed or wanted. Within the first five interviews that I conducted, my reputation for following the residents' leads quickly traveled. At the health initiative meeting, I therefore had

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<sup>25</sup> Center for Disease Control (CDC), 2012. 'Increasing Prevalence of Diagnosed Diabetes-United States and Puerto Rico, 1995-2010'. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6145a4.htm>.

views and data that I felt substantiated a multi-tiered approach to community health concerns. In this meeting, I became an active participant observer, not just a researcher.

This experience is illustrative that community members, if given an opportunity, may become powerful agents involved in their health. However, we also see a disconnect in this incident: the community members wanted to make changes, but lacked the resources to do so, at least by their understanding. Studies indicate that the best resources for a community and its members are those social characteristics or values that they already possess, with the question being the manner in which they develop and utilize those characteristics and values (Putnam 1994; Putnam 1995; Helliwell and Putnam 2004; Ferlander 2007; Beaudoin 2009 cf Kawachi and Berkman 2000). For example, the cohesiveness of Cedar Springs offers the potential to establish a strong support network. Organizations have the ability to make changes, but they might lack sufficient collaborative arrangements with community members. Community members are denied access to agency, power, and the ability to re-evaluate the health care system for themselves. According to a County Assessment conducted by the Kentucky Institute of Medicine (2007: 180), some of the basic policy recommendations for the state of Kentucky are to “encourage community leadership to address health issues” and organize “health specific interventions” that focus on three areas, primarily the “encourage[ment of] collaboration between the local public health and [the] local board of education”. However, understanding the social and community underpinnings of diseases like diabetes, and understanding also the role of the medical system in Cedar Springs is complicated to concretize.

A trend that I noticed while in the field is that sometimes people would downplay

their illnesses. They would claim they were not hurting or that they just had ‘the sugar’ – meaning they were having complications because of their diabetes that day. There is an assumption that everybody has a medical issue they are contending with and they could be worse off. Before I entered the field, I had heard from others in the region, and I read about, reactions towards health that appeared to accept the issues rather than alleviated them or sometimes even displayed avoidance. This was presumably to ‘scam the system’, according to those accounts. However, my understanding drastically changed when I began talking with people, and I realized that it was not necessarily that they did not care about their health, but rather that this now seemed to me to be a coping mechanism used to cope with the inadequacies of the system. According to Mary,

When I first came [to Cedar Springs], we were the only non-private clinic in the town there, was no hospital, we’ve had 3 or 4 general practice and/or family practice physicians in the town, there were no specialists and the nearest hospital was Hazard and if you got sick on weekends or in the evenings there was nothing; you had to go 30 miles away to a hospital and so you can...imagine that you know that availability of care for people it just wasn’t as accessible then as now. Plus now the terrain that we live in...is a very big county and um you’ve probably discovered as you’ve been driving around this area that how long it takes you to get somewhere is much more significant than how many miles it is to something and so when you say to a patient “come back tomorrow for a follow up or come back next week for a follow up” maybe they live an hour in your county, but an hour away up a hollow somewhere and if the water goes up or if it gets icy if um...if the road gets muddy when it rains or you know can they get out? Do they have gas to come back? that far on another day, do they consider it a high enough priority to do that kind of a checkup? So priority, availability, accessibility...um plus they understanding of how important the thing is so um but now we’ve got the

hospital, we've got all kinds of doctors and specialists and facilities and it's a great difference in the 36 years that I've been here. (Interviewed March 21, 2014)

This was further substantiated when I noticed, while conducting interviews with residents and the medical profession in the community, which they were either lifetime residents of Cedar Springs or they came from neighboring counties. Mary, a nurse who moved to Cedar Springs in the late 1970s, specialized in rural health because she “wanted to practice nursing in a place that there was in great need, in an area that wasn't so crowded and overburdened by people and traffic and everything else” (Interviewed March 21, 2014). So what, then, might be the nature of the relationship between the medical institution and community members? Reliance on the ‘welfare check’, in combination with medical treatments – notably stories told to me of doctors providing acute medical attention rather than concentrating on preventative measures – are at least two reasons causing residents to believe that imminent health concerns exist in the community. John detailed this when he said:

One of those things is trying to correct you know bad habits of the older generation has, and not pass them down to this generation coming up now...education, they could do more in the way of schooling right now, basic health education in school. I wish they would come up with more education, more physical education for children now to overcome some of the obesity and the improper diet and issues that our children ...you know issues that our children are growing up with now. (Interviewed March 11, 2014)

And Katrina said:

But it's diet, and all the “I got the sugar” like it's something to be proud of, “I got the sugar”; and, “well you know honey my diabetes is acting up today” and “I don't feel well” and “I have to go to the doctor my sugar is

just totally out of whack”. Well, their idea of handling their diabetes...one more shot, one more pill. (Interviewed March 19, 2014)

Many of the residents still spoke of having to go to the next largest town (approximately two hours away) for specialist care. They did not speak about specialists in the area. And when they did, the conversations concentrated on specialists in towns such as Hazard or Lexington.

Martin discussed specialty care:

There are providers, but I think that the quality is an issue, and for a long time here, we really didn't have access to a lot of the specialties. So those people who could afford to, would go long distances, those people that couldn't afford to, would go without and end up in the hospital very, very ill...um so now we have more specialties in some areas but people still have to go long distances because there's all these small counties with bad roads, as you've probably traveled, bad weather and holes in the roads and not have any income to just be able to fill the gas tank up and make a trip for an hour, hour and a half they just go without. (Interviewed March 5, 2014)

Regardless of whether more specialists could be located in the area, based on economics and terrain, they might only be able to serve a select portion of the population. According to the statistics noted above, a large percentage of the population is in fact potentially not being served. According to the Henry J. Kaiser Family Foundation (2013), an organization that assesses health care provision in the United States, 14% of Kentuckians were uninsured, 14% had Medicare, 20% had Medicaid. These numbers might appear favorable to the insured, but they highlight the fact that a very significant portion of the population is without insurance. For those that have federally funded insurance such as Medicare and Medicaid, they might not be receiving



the adequate care that they need.

Andrew is a native of Cedar Springs who works with an educational organization in the community and he has a doctor in his family. He discussed how the tension is revealed in the way in which blame is placed on community members for its health issues. This brings into question the knowledge that community members have about the resources available to them. If community members are unaware of available resources (either financial or medical) that might assist in them gaining access to better health care, and, further, in gaining access to other available social networks, then it might be argued that they lack agency and power. This void is then arguably filled with responses based on the knowledge that they do have, albeit potentially harmful, and that is to draw on or mimic the actions of other community members, particularly those of previous generations.

For instance, there is the issue of whether or not community members feel that they are able to trust and rely on local health care professionals. I interviewed Danni, a diabetic specialist in Houston, Texas, to gain a perspective that I thought would help me to better understand how the disease interacts with the sociability of communities. I also thought that Danni, as a licensed diabetes educator, would provide more insight than the medical specialists I encountered while in the field, based on the high reputation for health care in the Houston area Medical District. It is world-renown and as highly recognized as institutions like Johns Hopkins. This also helped because there was one dietician giving advice to diabetics in the area once a month. During my time in the field, I had visited with her as a patient, not as a researcher; I found her advice superficial and outdated compared to that I received in my hometown. She offered the

following account of the relationship between doctors and patients to help contextualize the issues residents might face:

Well you know most of the doctors don't have the time, so that's why they know that I'm going [to educate them] to do that for them but the patients don't' always understand that. The patients just get it then here by the way here we got an authorization for you to go see the dietician to do these classes and it can be too overwhelming for the patient in the beginning, you know, so a lot of times when we call the patient we get that authorization from the insurance company and we will say well doctor so and so referred you, and your insurance blah blah blah has authorized it and, and they'll say "what I don't have diabetes!", or "doctor said just have a little bit of sugar and they gave me this kit" you know so they, the doctors probably should do a little bit, but you know they're busy and they should do a little bit better of explaining to the patient why they need to go to the classes and what the meter is really going to do for them. (Danni, Interviewed January 11, 2014)

While the demographics are different, they still draw a critical eye to the relationships involved, and in particular the urban/rural relationship. I grew up in an urban area; I also had insurance and access to professional and personal health care providers, to endocrinologists and family members in the medical profession. I had the opportunity and the resources to develop a strong, inquisitive, and proactive attitude towards my diabetes. As importantly, my access was not constrained by transportation, faulty terrain, or financial difficulties.

For the first six weeks in Cedar Springs, I lived in a cabin one hour away from town. The trek was only 20 to 30 miles, but the gnarled mountainous roads that led from the cabin to the center of town extended what might be a 30-minute drive to at least one hour. Given my medical history, I inquired about the protocol in the case of an

emergency. She laughed and explained that there was no protocol: in the mountains, if you get sick or need specialist care, you either ride it out or you do not make it. This was the first moment that I really encountered the dynamic differences between urban and rural health care in the US, and even more so in the Appalachians. Ashley explained how she sees the urban/rural dynamic and how she thinks that it impacts residents' access to health care, as well as in regards to access to other social networks:

In probably a more urban area, my assumption would be, is there is a little bit more promotion of health you know whether it has to do with their looks or whether if it has to do with their overall health but you know in areas where a gym is better available people just may go to the gym and run on the track as a hobby or do it for pleasure and so without necessarily doing it for their health but may actually do it because their friends are doing it or they're going to take a class with their friends or you know what have you which in this particular area I don't think there is a huge emphasis on health promotion so to speak so if they feel ok they're not always interested in doing you know screenings or preventative things and often times you won't see people in clinic until you start to treat versus whether they're trying to prevent. (Interviewed January 23, 2014)

In 2015, the California Health Care Foundation indicated that successful management of chronic illness stems from the responsibility with which the patient approaches his/her illness:

90% of the care a person needs to manage a chronic disease must come directly from the patient. Evidence is growing that self-management interventions, such as self-monitoring and decision making, lead not only to improvements in health outcomes and health status, but also to increased patient satisfaction and reductions in hospital and emergency room costs.

Scott indicated that this might not happen in Cedar Springs:

I just know there's a very, very high incidence of diabetes and uh the other thing that I find is that a lot of the people that are in the subculture the-the impoverished subculture are very bad at listening to doctors' advice so in other words when the doctors says you have diabetes you can't eat sugar you can't...blah blah blah,...and following that advice some people they'll come down with diabetes and they'll say "oh", and start walking three miles a day, watching what they eat and watching their diet and listening to what the doctor says; and they end up controlling it. But for the subculture, we're talking about they seem to have a real issue with following the doctor's advice. (Interviewed March 11, 2014)

Matthew echoed this concern:

I really think...when I think about when I first moved to [Cedar Springs], I remember sitting at a restaurant and just crying, [Anna] said "what's wrong?", and I said "the need is killing me" and it started... everybody is going to see me boo-hooing here, [discussing the issues he saw in the region in regards to people's health] it was tough because I was just looking around and just seeing just so much junk but I don't know if I have gotten accustomed to it, but I think there's been a lot of change; I think there's been a lot of people coming up and saying you know what...there are um...so you'll have some people that do sometimes a hospital...will do clinics and things like that; sometimes people will go to those. Medical care is...it's hit and miss; there's some really good doctors, then there's some that will be pill dispensers... give you a pill here you take it. (Interviewed March 25, 2014)

And yet based on the local economics of Cedar Springs, this may not be an issue about residents not caring about their health, but rather a response to the social canvas onto which the caricature of their community is painted:

Yea, you know, unhealthy food is cheaper than healthy food and that's a ...that's a known fact. So as a...fat laden sugary food is a lot cheaper than fresh green vegetables and stuff like that so yes, yes I do believe that the...the

economics to a degree drive the uh um...food choices people makes, the dietary choices they make. (Donald, Interviewed March 12, 2014)

This, I would argue, plays a huge role in the other health choices that are made. And we can see how circumstances frame choices for the residents, and that this is a reflection of not having access to the necessities to assist in leading a healthy, productive, active, and socially connected life. In understanding the deficiencies of the system as it is practiced, then, we now see that a more nuanced and complex explanation involving both economics and the medical system – potentially working in tandem – combine to somehow deny access to adequate health care in a community like Cedar Springs. In examining this, Andrew captured a certain tension:

We've got uneducated about food, the sodas the soft drinks all the stuff that's been consumed here; people's not exercising, they're not doing the things they need to do that way our health care is getting way of whack. We've got people that are sick with diabetes I know my family members have it, I know a lot of people that have it, it's like ravage here it's because of bad choices that we as individuals are making as we're not uh...choosing to do things or listening to our health care providers to uh fix it and uh it's an issue, it's an epidemic, and it's something that we need to address, but nobody wants to talk about it because everyone wants to continue doing it. (Interviewed March 22, 2014)

However, the residents of Cedar Springs have a unique resource: their community. Their tight cohesive bonds, as demonstrated in Chapter 1, show that they identify each other by family names, and that they are very knowledgeable of their community members' personal lives. According to Ashley, she and her staff capitalize on this in the local clinic:

Oftentimes our staff knows who that patient is, who their dad is, and they can say “you know you don’t have sugar yet, but your dad does, you don’t want to be like him do you, he’s been pretty sick and in and out of the hospital and I heard he’s had a lot of trouble with his legs and you don’t want that to happen do you?” “Well no, well how can I...?”, “well let me give you some information that maybe you could read”, ...and I think a lot of it has to be just the area and the culture and knowing, and ownership and things like that. (Interviewed January 23, 2014)

She further explained that her specialization in rural health care, and her staff, of whom many are from the community try to use their clinic to help with issues of access to health care:

Whether it’s an educational need, whether it’s a cost issue, you know we want to try to provide them with everything they could possibly need and give them the best possible care you know that we can. And education is something that doesn't cost anything, you know and they can read it at their leisure and they can apply it to their life in a manner in which suits them hopefully and you know kind of help them buy into it, taking ownership of their health and some of that too is with the type of establishment we are here to provide care to uninsured, underinsured, and also the underserved and in order to demonstrate that we are providing that population of people the best care we do need to give them education and we do need to counsel them and we do try to arrange periodic follow ups and measure their outcomes and demonstrate you know that we do provide really good care to this particular area or group of people per say disproportionate and how cater to a particular disproportionate population who is not conflicting with people who do have private insurance or who do may have a lot of resources. (Ashley, Interviewed January 23, 2014)

According to Ashley, then, the outcomes are the following:

We surely would not want any of our patients to ever perceive us as being rude or snooty, or arrogant per say and which none of our staff are, but if you have that relationship with them and you engage in that you know

from a family friendly type perspective they're gonna love you and that is where trust is built and that is where oftentimes some of the best health care type relationships get started is because you know our nurse does know your dad and they do know your health history and so let's try and keep you from being like him and not get his same sicknesses and things like that. (Interviewed January 23, 2014)

When I asked Ashley to elaborate on her specialization and on how she thinks that it fits in a location such as Cedar Springs, she said this:

I had to take a theory class and I also had to take a research class and in the theory class in particular we had to focus on what is rural you know what does it mean to be rural, what does it mean to be reared in rural, what does it mean with regards to their lifestyle with regards to their behavior, their living situation, their living patterns and so you know their mobility, they're not a very mobile group of people they tend to settle in, you know, in areas. So, it started very early in the beginning on what, you know, what are, for lack of better word who are these people, you know so to speak. I thought I was well acclimated with that particular type and found out that I wasn't at all. So, when you kind of learn their culture and their situation, then you can begin to understand some of the health disparities that they face, some of the educational needs that they may have that you may not otherwise be aware of where in a more urbanized type setting there is a little more influence from outsiders, there is a little more education that is streaming in and out in a more urban type setting versus in a rural type setting. (Interviewed January 23, 2014)

Opinions on how the health care system operates in Cedar Springs are characteristically low. When residents discuss the health care system in the community, they sometimes liken the professionals to using residents as 'pawns'. They claim that the medical staff views the residents stereotypically:

You have to find a doctor that will trust you and treat you like an intelligent human being because a lot of health care

professionals view everybody around here as the same not educated or ‘first of the month’ or whatever. (Antonio and Kelly, Interviewed March 30, 2014)

These are forms of scapegoating, victim blaming, and labeling, all of which create divisions and distrust within the community. As a result, residents start to lose trust, respect, and faith in those community members who are medical professionals. My sense based on my observations was that this might have led to my respondents not seeking medical help, or engaging in activities that would expand their health knowledge. In turn, poor access to health care resulted in poor life experiences and poor community cohesiveness. We are now seeing how the barriers discussed in Chapter 1 are this time erected between community members, not just in terms of home choices, but also in relation to access to health care and other related social networks. All of this contributes to creating or bolstering a certain sense of fatalism within the community. In the following section, I more closely examine how necessary a proactive relationship between community members and health care providers might be to allow them to gain access to various social networks. The next section allows us to move from exploring only medical institutions to also exploring how collaborative efforts among residents could foster a sense of agency, power, and mobility – thereby allowing community members to invest in ways that assist access into social networks.

### ***Diabetes: A Costly Lesson in Health Care***

The glucose meter presents itself as being an instrument to remind the owner that diabetes costs both economically and socially. One of the depressing facets of a disease is the cost to maintain it: continuous prescription refills, varying diets, educational pamphlets, hiring medical specialists, and routine medical visits are just a few of the



costs placed upon the individual and the community. For many people who are on some form of welfare assistance, managing their disease is difficult. With diabetes, one of the ways of doing this is through a strict diet which places a high emphasis on lean meats, fresh fruits and vegetables, and discourages against fatty foods, and simple carbohydrates such as those found in white bread, in favor of a complex carbohydrate which slowly releases glucose in the blood stream (which prevents the individual from getting a quick sugar high then crashing) and also binds to protein to maintain energy and nutrition in the patient longer. Darlene and Dave offered insight into the difficulties that the region faces when trying to combat diseases like diabetes. Darlene also further explained how she understood the ways in which economics impact health in this extended quote:

To spend on groceries well I've got to go 7 days so that means I only have so much to spend each day so I got to get ramen noodles get a box for \$2.50 and they've got 10 in there, they can last me if I was on peanut butter, so sometimes you know peanut butter is healthy but I'm just saying so many things that are not as good for us is a lot cheaper. Running to McDonalds and getting a \$1 cheeseburger, some people will do that before they go to the grocery store and pay \$3 for a pound of hamburger because they think well "you know I pay 2 dollars for hamburgers and that's my meal for today" so, I think that thinking healthy is good, very good, but some people don't have that option because they do not have the money to do that. (Interviewed February 28, 2014)

In addition to food being costly, one of the aspects used to monitor diabetes, testing supplies and medications are also an issue: Discrepancies exist between insurance companies in terms of covering the costs or reimbursement. Many residents detailed how the lack of financial security forced them to choose between eating or taking their

medications. Some health care providers told me that they gave their patients glucose meters, but knew that they would probably not use them because it was costly to replace supplies.

[The glucose meter is] costly, it can be perceived as costly to maintain, costly to purchase strips to test, ,, it's cumbersome for some people, it's painful, it can be offensive. So oftentimes I have lots of patients who would rather not test and for some people, it's a matter of buying your medication versus not testing, ... but I can say with 100% certainty that although they've been prescribed they may very well not have one ... I think a lot of it has to do with cost in being able to continue to you know check their finger sticks regularly. (Ashley, Interviewed January 23, 2014)



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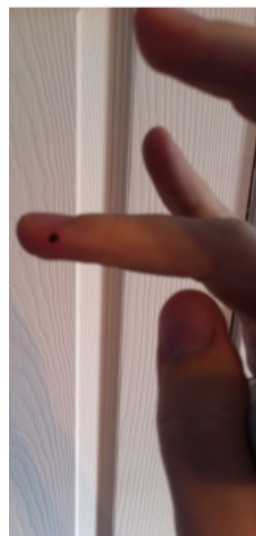
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<sup>26</sup> Glucose meter, photographed September 16, 2014.

<sup>27</sup> Glucose meter, inside view, photographed September 16, 2014. The meter is located in the lower left hand of the picture. The test strips on which the blood sample is placed are located in the bottle in the upper left hand of the picture. The lancets which are used to draw the blood sample are located on the right side of the picture.



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In addition to examining the quality of health care found in Cedar Springs, it is important to better understand how residents understand their own health, how they perceive their access to various health care resources, and ultimately how they understand this to impact their ability to access other social networks. In this section I also explore the relationship between health care professionals – focusing attention on the reception of the information transmitted by them – and those resources that are ultimately made available to community members. As described in previous chapters, the physical landscape or terrain of Cedar Springs can be difficult to navigate and it often impairs activities. I noticed that something this simple could affect residents’

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<sup>28</sup> Lancing device used with the glucose meter, photographed September 16, 2014. The lancing device has several settings which indicate how deep the lancet pierces the skin and the amount of pressure exerted behind the lancet. The lancing device starts at 1 and can go as high as 9. The device is loud, quick, and if not placed in a specific part of the finger, it can be painful; even after 13 years of testing my blood sugar, I still flinch every time I hear the click as the lance pierces my flesh.

<sup>29</sup> Drop of blood which will be placed on the test strip, photographed September 16, 2014. There have been instances when there has not been enough blood for an adequate sample and I did not know this until I placed the sample on the testing strip. When this occurs, an error message appears and the testing strip needs to be thrown away and a new one used. This can be costly. A box of lances costs under \$10, whereas a canister of testing strips begins at \$50 because each test strip has a microchip in it.

ability to access key social networks or critical programs implemented by other community members or institutions. I hope to unpack the concept of reception, as negotiated between health care providers and patients. This was evidenced when I spoke with residents and inquired about the current round of advertisements – despite its scarcity – of health information. Andrew told me that the brochures that health care providers give patients are used as kindling.

According to recent studies (Chaufan 2002; Serrano, Lefierman and Dauber 2007; Krishna, Gilespe and McBride 2010; Yankeelov 2015), diabetes is a social disease affecting millions of Americans directly and indirectly. Diabetes also has economic repercussions, because it impacts an individual's ability to perform their job adequately, which ultimately impacts the community overall (Collins, et al. 2005; see Kessler, et al. 2004 on job performance and diabetes). It is considered a social disease primarily because of the various social components that affect its prevalence, most notably the impact of social organizations such as community participation and health care. As has been shown, there appears to be a conflict of ownership. The medical staff believe that patients should be more involved and take ownership of their health, whereas the patients do not see the need necessarily to do so. The value of living a healthier lifestyle is compromised due to regional economic difficulties and attitudes passed down generationally. Many community members indicated that if it was good for their parents then it was good for them. However, their parents, and even their grandparents, lived in a different era and did not face the difficulties that the current community members do. In Cedar Springs they appear to value tradition, sometimes more so than change. In this instance, a social disease such as diabetes, it can be argued,

is a result of culminating ideas about society, community, values, mixed with a changing economic climate.

Many of the community members understand the benefits of a healthy, well-rounded, and colorful diet, rich in lean foods and vegetables. However, they also comment, sometimes in the same sentence, on how the financial assistance they receive does not allow them to engage in changing something as simple as their diet. For many, they indicated that it is easier to take health issues lightly and continue risky behavior, rather than try to conform to rules set by the medical community. They claimed it was so because it is depressing to know. For many of the community members, it is easier to buy a cheeseburger and let their health suffer, than to stress over buying minimal amounts of healthy food. Alternatively, for some, a choice has to be made between being able to feed their family for the rest of the week and purchasing medication. Choices like these, which are made daily in Cedar Springs, compromise individuals' roles. They incite victim-blaming, and further create a social chasm between those who are 'fit' to participate in society, and those who are not. Diabetes is often associated with economic status, and recent studies indicate that deepening globalization and urbanization have also enlarged those economic divides that cause an increase in those diseases which are closely linked to healthy diets and adequate finances to seek stabilizing medical care (Hu 2011; Basch, Samuel and Ethan 2013). I argue that a community rich in social networks and strong cohesion has both the ability and the resources to develop a system in which, despite economic divisions, might be able to stave off some of the social norms around diabetes.

I first explore this at a micro level. Anyone with Internet access can browse

numerous diabetes care sites, all of which encourage patients to eat a healthy diet, exercise regularly, and be proactive in seeing their health care professionals.

Informational pamphlets vary in degree and size, the extent of medical jargon used, and in terms of content, a number of examples to cover various themes, and additional resources for residents to access if they wish. These pamphlets and other health materials are further complicated because of how they present relevant information.

According to Davis et al. (2012; cf. Seligman et al. 2007), presenting medical information is challenging, and increases barriers to access because the material is often written at a higher linguistic level than vulnerable populations can understand.

Considering the difficult physical landscape and the very challenging economy of Cedar Springs, amongst other community characteristics, these brochures seem to offer rather superficial remedies, what many in the region might refer to as ‘putting a Band-Aid on a broken arm; you can say you did something, but it still won’t fix the problem’. To better understand the very personal ways in which it is experienced, I discuss each of the themes contained in the diabetes information brochures in light of their relationship with individual informants.

#### Theme 1: Regular Exercise

As a diabetic myself, I can attest to the benefits of regular exercise. Before I was diagnosed with type II diabetes, I weighed 315 pounds, I did not exercise, and my diet was typical of that of Southerners – if it was fried, sugary, or starchy, I loved it. I explore diet further in the next sub-section. My father was diagnosed with type II diabetes one year prior to my diagnosis, and after our diagnoses, many of our family

members began getting tested and they, too, were diagnosed with the disease. I researched as much as I could about disease and I learned the importance of exercise in controlling and potentially reversing its course.

I share my personal story simply to illustrate that these results were achieved by merely doing some kind of physical activity 30 to 45 minutes, 3 to 5 times a week: walking, running, dancing, riding a bike, etc. – in addition to being carefully monitored by a health care professional. In the suburbs where I lived, this was easy to do, and when I was in university it was even easier because I had access to gym facilities or a well-lit path around my campus that I could walk. Regular exercise was just that, regular and routine. I was diagnosed with diabetes when I was 16, and by the time I began my fieldwork in Cedar Springs, I had been a diabetic for 12 years. It never occurred to me that I had taken advantage of this kind of accessibility until I lived in Cedar Springs for my fieldwork. As noted before, the geographic landscape and social architecture of Cedar Springs might best be described as pyramidal. The greatest concentration of resources and those with higher incomes live at the point – and they are a small percentage. The middle expands as one drives further into the mountains and begins to descend into the hollows. Here there are fewer resources, and some middle-income residents, but they are widely dispersed geographically. The pyramid's base, the largest portion of the community's population, is comprised of the older generations in the community, who live near or in the hollows, and who very rarely travel to the top of the mountain because of time and expenses. At the bottom of the triangle, there are very few resources, and the folks are isolated and depend almost entirely on themselves. I noticed that the lives of those that live in this area were similar to the life stories one

hears about Americans during the Great Depression. That is, everything was utilized and you did not buy anything until you needed to; everything else was considered frivolous.

When I moved to Cedar Springs I lived amongst, the base of the triangle. I remember putting on my workout gear, lacing my sneakers, standing on the porch and thinking that I would go for a run, and then, I remembered the fear that gripped my gut. I was at the base of a mountain, trees stood high over the sun, intimidating anything smaller than them; I was in unfamiliar territory, and the potential for danger lurked behind every branch. There are wild animals in the forest, which I could hear shuffle around, yet never saw. Whenever I would unlock the gate to enter the property, it was an eerie feeling to sense that you are being watched, but do not know your viewer. There is no mobile phone reception in case of an emergency. And not knowing your neighbors, you presented yourself as an opportunity to be shot at. I remembered a story told to me about an Environmental Protection Agent (a federal agent) who had been visiting some colleagues where I was staying. He decided to walk around the forest and explore and enjoy the beauty. One of the neighbors called the owner of the property and inquired if they knew who this person was. As the conversation progressed, it was revealed that the agent was being watched through the scope of a rifle, and if his presence could not be vouched for, his exploration of the forest would have proven fatal. This anecdote highlights the distinct culture to protect the community. While this might be reminiscent of a Wild West shoot-out movie, outsiders predicate the reality on generations-long corruption unintentional involvement of community members and surrounding Appalachian communities. I was an outsider, and I did not have any intention of being



mounted on a wall next to the latest buck that was shot. Needless to say, while I lived in the cabin in the hollow, I never went outside for exercise.

This anecdote is intended to offer a sense of juxtaposition to better understand the amenities that may or may not be present, and which assist in allowing individuals to have better access to adequate health care and ultimately other social networks. So while in Cedar Springs, I looked for alternatives to my traditional exercise regimen, but also because I thought it would give me more opportunities to engage with the community more ethnographically. I imagined that in rural and mountainous communities such as Cedar Springs, in which social cohesiveness was strong, there would be ample opportunities for exercise classes or clubs to attend. But they were very few and the ones that I heard of were poorly advertised. When I spoke with Barbara about various health aspects in the community, she told me that she used to be in charge of a walking club that would go to the local high school to walk indoors:

I normally have a walking club but due to the weather being as it is I haven't been able to have that, I have probably about 30-35 people that are ready to walk in a gymnasium where it's warm and safe but have no gymnasium right now; we are working on that the one that I had they ran into some problems with some water pipes bursting so therefore we haven't had a gymnasium until they can make the renovations on the sanctuary.  
(Interviewed February 3, 2014)

She also initiated a water aerobics class in the community:

I have approximately, 18-22 women that come and they absolutely love the water aerobics. I use an indoor heated swimming pool over at a local motel, they allow us to use that. I keep no money myself, and all the money that is made goes to the upkeep on the swimming pool, making sure it's warm and you know paying for the heat and things like that. (Barbara, Interviewed February 3, 2014)

While it was not clear in the conversation how she recruited individuals for the walking club or water aerobics class, there is still an overarching theme in both of these examples and that is access. Barbara is someone who seems to be very committed to her community, she loves the people dearly, and she wants them to be represented in a positive light. Although she is not originally from the community, she has lived in Cedar Springs for several decades and considers the community members to be just like family. She gives her undivided, charismatic attention to everyone she meets. However, even Barbara commented on access being limited to people because of road conditions and geographic locations. Those who participate in her groups more than likely live in or close to the center of town, and not deep in the hollows or in between. Also, the groups she is a member of have fees attached to them. ‘The working poor’, or those on financial assistance, are highly unlikely to be members of these organizations – as evidenced through conversations and interviews detailing the daily financial struggle for basic necessities. In fact, even though I had a working car, and some funds to use to participate in the groups, the likelihood of my traveling over one hour each way to an exercise class several times a week was low. I imagined being a working mother and making this journey, the likelihood would not be high either.

I also spoke with Angela, and with other residents, about the coal severance tax and the reparations that President Obama was paying into the Appalachian region. According to the Mountain Association for Community Economic Development (MACED), the coal severance reparations are much needed in the Appalachian region, with a large amount set aside for eastern Kentucky.

The brief proposes that 25 percent of annual eastern Kentucky coal severance tax dollars be dedicated to the fund, with a portion used to begin implementing the plan's development strategies and a portion set aside in a permanent endowment for future use. (Maxson, MACED representative, 2013)

Selected counties received a specific amount of money from these taxes, but of interest were the counties that were given the money. I noticed - as no doubt did the residents of Cedar Springs and community members of neighboring counties - that the money was given to particular counties, what are known officially as Promise Zones designated across the US by the Obama Administration, and so not solely located in Appalachia.

Kentucky is unique in that it is the only state chosen for the rural aspect of the initiative:

Kentucky Highlands Investment Corporation, in partnership with eight counties in southeastern Kentucky, was designated on January 7, 2014 by President Barack Obama as the first and only rural Promise Zone in the nation. With this designation, the partners will engage the communities in a collaborative, comprehensive process aimed at improving the overall quality of life in the region. (Kentucky Promise Zone, 2014)

The Promise Zones in Appalachia, depicted below in Map 6, are located in southeastern Kentucky and contain eight counties: Clay, Knox, Whitley, Perry, Leslie, Bell, Letcher, and Harlan.

**Map 6: Kentucky Highland Promise Zones<sup>30</sup>**



President Obama's Administration, in creating Promise Zones around the United States, wanted to illustrate that what Americans usually think of as impoverished – urban settings – is not the whole scene. As a result, they met with Jerry Rickett, CEO of the Kentucky Highlands Investment Corporation, and chose Kentucky as the site for the rural aspect of the initiative due to the high prevalence of poverty in the state (Martin, NPR Broadcast, 2014)<sup>31</sup>. The purpose of the Promise Zones, nationwide, is as follows:

Promise Zones are high poverty communities where the federal government partners with local leaders to increase economic activity, improve educational opportunities, leverage private investment, reduce violent crime, enhance public health and address other priorities identified by the community. Through the Promise Zone designation, these communities will work directly with federal, state and local agencies to give local leaders proven tools to improve the quality of life in some of the country's most vulnerable areas. (News Release, 2015)

<sup>30</sup> Kentucky Promise Zones. 'Kentucky Highland Promise Zones'. <http://www.kypromisezone.com>.

<sup>31</sup> Michel Martin, 2014. 'New Hope in Southeastern Kentucky 'Promise Zone''. NPR. <http://www.npr.org/2014/01/16/263077694/new-hope-in-southeastern-kentucky-promise-zone>.

This initiative did not sit well with many residents of Cedar Springs. Community members did not like that the Promise Zones seemed to concentrate on well-known counties: Harlan County was received money and was made famous by a television show, ‘The Dukes of Hazard’. Community members also felt that the counties receiving money had less need than Cedar Springs. While Letcher and Leslie counties are in desperate need of assistance, other counties were already seen as doing financially and socially better. Angela spoke of this when she talked about Perry County and the amenities that they have. She also placed it into relation with Cedar Springs and how the levels of access are different, and what impact this has on community members: “Perry County, they do have a pavilion that is inside in the winter time you can walk it. They have a swimming pool, they have three swimming pools in Perry County” (Interviewed February 4, 2014).

Cedar Springs has one swimming pool, it is located at a local motel and you must either be a guest or a member of Barbara’s water aerobics club, which requires payment. Angela further spoke of the difficulties with access to adequate facilities and opportunities to engage in physical activity. For her and for many of the local residents, it is a matter of safety that dictates if an area is suitable for physical activity. She spoke about this when she discussed the state of the roads in the community: “when you got a two-lane road that’s very curvy up in the hill, it’s not very safe to be out walking” (Interviewed February 4, 2014). With the enactment of these Promise Zones, it causes many of the residents in communities like Cedar Springs to wonder why their community would be left out. It is likened to the term ‘working poor’ which was introduced in Chapter 5. It would appear that Cedar Springs is not in as desperate a need

to receive such funds, yet they are not able to provide the resources to themselves and the rest of their community. In this instance, we start to see an even further divide between the ‘haves and have nots’. Additionally, since the Promise Zones are intended to ‘enhance public health’ I wonder how much need a community has to illustrate in this arena before obtaining assistance. Health is more than ever commodified rather than being an inalienable right.

While I was in Cedar Springs, I found out that there were free exercise classes hosted at the City Hall by a local doctor, who is well-liked and respected in the community. Margaret has been teaching the classes for 14 years, but she says very few people attend. When I asked her why, she told me about other available classes in the community:

We have different classes like Zumba they’re classes, like Zumba or line dancing at the college and they’ll charge \$5 a class and have 20 or 30 people in the class. We are free and have 5 people in the class, so I am not certain. I really am not certain I do know that the space is not ideal, it’s right it’s in the back of City Hall so there are pews and chairs and tables and we are kind of all stuck in between that and we can barely see the instructor you know so yeah it’s got drawbacks like that so we don’t have lockers where you can put your stuff, we always have to carry in our equipment, yeah so some of that could be, people are like ah that’s not my cup of tea, I’m not so sure. (Margaret, Interviewed February 18, 2014)

When I spoke with various community members about initiating exercise programs – to get both residents and community institutions to establish a relationship – I was told consistently that this was not feasible. Barbara and Larry indicated that the County Extension Office offers programs that cover a variety of topics, such as healthy eating or exercise initiatives. For example, Barbara was talking about a program in

which people could log how many miles a week they walk with the County Extension Office, but she did not say whether there was any initiative or prizes attached to the program. Despite having many contacts in the field, the first I heard of this was through the County Extension Office. I was told that community members of Cedar Springs are shy, yet competitive. No one would take the initiative to engage in certain activities, programs, or exercise classes because they might be seen, and yet, if a resident saw one of their neighbors taking part any of these activities, then they would participate to prove that they could perform the task better than their fellow community member.

I inquired further about the programs available in Cedar Springs, because I had received mixed responses: Community members closer to town were more aware of programs offered, those closer to the hollows less so. The first ones indicated that they had heard of programs offered by the County Extension Office. However, when I visited many of the programs that the County Extension Office implemented, despite the amount of programs offered, very few people attended, and according to agents of the Office, it was the same people. The Office struggled with how to attract new members, with how to get the community more involved. Larry stated:

We provide the community with kind of a grassroots education programs and that includes agriculture, youth development, as well as nutrition and exercise. So, we have a lot of programs that we put on and try to teach the community about how to live happier, healthier lives but not many people take the liberty to come in and explore what we have to offer. (Interviewed January 30, 2014)

Larry struck me as very passionate about the community, and he detailed the difficulties with which he and his agents grapple with trying to get new members to attend. He spoke of a program called the Homemakers Club, in which community

representatives pay a fee to attend the meetings and their duty is to act as a liaison between community members and the County Extension Offices. This would allow Extension Agents to tailor programs to community members' needs (as shared by the representatives, such as diet or budget programs). Yet there is a disconnect within this system:

As extension agents we have an advisory council which is comprised of several community leaders that we bounce program ideas off of so we kind of ask the community, or in our minds these community leaders are representing everybody in the community the people that we have on our councils, so what we do is we ask the community leaders what they think the county need and that's where we go with our programs, unfortunately, maybe the council opinions don't always represent the community as a whole's opinions, or the audience that we are trying to reach, so maybe you know it's not the county does need the things that we are teaching, they need the programs, it's just a matter of trying to market the program where the people know about them and also make them enjoyable to people, rather than coming in and saying ok this is what we are going to learn today and talking down to them it's kind of like we need to be accepting of all people in the community and let them know that this is a resource for them not just for the elite, or the leaders, or the community, it's for you know everybody in the county. (Larry, Interviewed January 30, 2014)

This sense of disconnect inhibits and undermines opportunities for community members to access specific social networks and adequate health care, and it does not allow the opportunity for members in charge to cater to the community. The programs currently available in Cedar Springs only cater to those with the financial and community resources already set in place to interact in those networks anyway. It does not reach beyond these networks. Those who lack any or all these resources are automatically excluded or marginalized. What this illustrates is that health, usually



thought of as an inalienable right, now, becomes a tool used to separate the classes. In a community like Cedar Springs, where economic issues are faced daily, residents' access to health – albeit in a formal setting such as a doctor's office, or informal – such as the opportunity to join a fitness class or purchase various kinds of groceries-- is used to further stigmatize and marginalize the 'have nots'. As discussed earlier, individuals, it can be argued, select an unhealthier lifestyle than others because they use their perceived choice, for example food, as a coping mechanism to deal with the lack of alternatives in their health care. Individuals thus feel a sense of power, when in reality, the power for them has been taken away and the choice is not theirs to make. Health now becomes a mechanism in which individuals engage in power struggles, class struggles, scapegoating, and victim-blaming behavior.

Andrew offered a different reason for the distribution of information and programs:

I don't think a program is going to fix it I just don't think, I just look at [the] programs as useless, you take some hands on, get in there, and let's actually prove that it works, I'm not calling it program- I'm not calling these hands on things programs these 'ol educational brochures are good but a lot of people are just going to pitch 'em. I'm talking about something that actually shows people this works and shows people if you will make a change, testimonials that of people in this area that say hey, this works and I've made it. (Interviewed March 22, 2014)

When I probed him further on this, and in particular I asked about the sense that residents are not participating in health programs or exercise programs, he said this:

I think they'd love it, I think people would participate, I think a lot of people would; but there's a difference today you know we need to not only to promote it to the adults, but we need to start on these preschoolers and

kindergartners start talking about I know you can, people around here they started the new healthy foods around the schools, and it's a big controversy because for the first little bit the kids had never had that, so they didn't like it, they've had to adjust this year and that was a big complaint, our kids are starving to death going to school, they don't have nothing wholesome for them well this was really good stuff they were giving them. (Andrew, Interviewed March 22, 2014)

These two quotes capture sentiments that speak of different generations, and as a result, of different approaches. The first quote is aimed at the mature generation, whereas the second is aimed at the younger generation. These quotes might also suggest that perhaps community members are not sure exactly how to approach these subjects. In my conversations with members of the Cedar Springs community, they often indicated that they knew things needed to change, that their community is not how they would want it to be, and that it is not as it used to be. And yet, while engaging in the same conversations, they repeatedly told me that the community is engrained in their ways and they are not necessarily going to change. This perhaps indicates that the disconnect they sense in terms of access to health care and its related social networks is not experienced solely at the institutional level, but it is also experienced at the community level. To explore this further, I examine access to adequate food and how this compounds the issue.

### Theme 2: Healthy Diet

In addition to examining the challenges of access with which residents grapple in terms of adequate exercise, the issue of diet is frequently discussed (Uusitupa et al., 2000; Blue 2007; Centis et al. 2014). Furthermore, Kennedy (2010) illustrates how it is

beneficial for communities, particularly with the aid of the government, to allow accessibility to healthier diets. He argues that unhealthy diets are cheaper and, thereby, allowing communities to go without access to healthy diets is a moral issue. With diabetes, as with any other metabolic related disease or illness, diet is the next targeted area that patients are encouraged to change. The reason is twofold: a healthy diet is generally good for overall health and well-being, and prevents obesity, which is prevalent in highly impoverished areas and is linked to type II diabetes.

Numerous studies indicate that by losing weight, a diabetic's fasting glucose readings and H1AC (hemoglobin) will reduce, which ultimately reduces their risks for other diabetes-related complications such as heart disease, stroke, amputation of limbs and fingers, and blindness. According to the American Diabetes Association (2014), when measuring for the presence of diabetes, a patient will come back with a test result of 6.5% or higher on the H1AC scale when a normal result should be less than 5.7%. When I was diagnosed with diabetes my H1AC measured 13%, now it measures 6.3%. As my weight decreased, so did my H1AC and the amount of medication I needed to take; my family members experienced the same results. However in Cedar Springs - as in similar communities across Appalachia – diet is a contentious subject and a sensitive approach must be taken. Mary, a former nurse, received cautionary advice when she moved to Cedar Springs:

My home health friend, who was a native of [Cedar Springs], she said when I go in to do counseling for a person who is diabetic and they have to cut back...and has heart disease too; and they've got to cut back on fats in their diet and they gotta cut back on their calories and stuff...[she suggested that] I don't go in and start saying "you've gotta do it with all you're white bread and don't

eat biscuits and don't eat your gravy and don't put fat back in your green beans don't cook em and all that stuff". She said I've gotta go slow or these people, even you know cause she knows the way these folks cook and she said what I had to do was "ok you eat two biscuits with your gravy every morning let's try one"...baby steps to make the changes but not coming [in] and say "ok we're going to go to all or nothing and let's go to this preconceived diet over here that somebody like somebody from outside of here thought up whose never heard of a pinto bean or whose"...you know right? Um so whatever and um that was a good insight too that she said um if you come in with your plans pre-made and plans that don't fit with the lifestyle of the person that you're counseling what happens is they just write you off. They don't do it in a mean way, they'll agree with you to your face because it's what you want to hear, and then they won't do it, they just won't do it. For a lot of our patients wellness care, preventive care, was not a goal it was more "if I'm sick I'll come, but don't really expect me here for annual check ups or for you know, immunizations I'm not getting a shot unless I'm sick" or that kind of thing. (Interviewed March 21, 2014)

Another resident, Katrina, a former nurse, told me of her distaste for the preventative and educational care that she has seen in the community:

At the senior citizen center every now and then they have some jerk face come from the hospital here in town; well one of them came and he was talking about gallbladders and all the problems the gallbladders can cause you and come and see me we'll check it out and he discussed everything every kind of pill, every kind of surgery you could take for it, not once did he discuss diet. (Interviewed March 19, 2014)

Both of these statements speak to approaches by health care professionals and illustrate where the effort seems to be concentrated. Also evident are the variations in approach. Cedar Springs is a relatively small community and the cohesiveness of the community would suggest that a strong channel of communication could be consistently opened between various agents within the community. However, there are inconsistencies with

the information presented to residents regarding diets, regarding which specialists are available and regarding other residents who might potentially be able to bridge the divides among community members, health care professionals, and Extension Agents. This would need to be further investigated to understand the stratified relationship between different organizations and their approaches.

At the base level, Andrew indicated that there might be some opportunity for changes in approach to diet, for instance:

Andrew: Maybe programs where people can come and be given a diet plans and showing how to cook 'em and how to change their lifestyles and looking at overall the things they're buying every month and saying hey these are the things that are really, really sending you over the edge on your diabetes here's some things you can replace those with diabetes but these little informational commercials and little brochures, and little pamphlets that we're spending millions of dollars to create people grab and around here use it to start their fires in a fire place they're not helping we need something that's on the ground here that goes out and actually helps people.

MJZ: Do you think that the community would be responsive?

Andrew: Probably not. (Interviewed March 22, 2014)

At the intermediate level, Howie, a native of the region and long-term resident of Cedar Springs, works at the local and state-level illustrated a different viewpoint:

There's a lot of work to do there's great need in that area and we just hope that we can be a part of that solution. One thing we take pride in is our youth programs and obviously teaching children uh about nutrition and the importance of diet and getting them interested in eating vegetables and less fast food prepared and things like that is going to benefit the area down the road and again a lot

of our youth activities here we really hammer that information and to promote nutrition choices and lifestyle and things like that so yeah. (Interviewed March 26, 2014)

What is evident, as noted above, is that a specific age range is being targeted. Many of the intervention methods are being presented to the younger generation. And yet according to the United States Census Bureau, the median age for Cedar Springs is 40.3. Table 6, below, details the age cohorts in the community and their representativeness for Cedar Springs.

**Table 6: Age Ranges for Cedar Springs<sup>32</sup>**

<b>Age</b>	<b>Percentage</b>	<b>Age</b>	<b>Percentage</b>
Under 5 Years	5.6%	5 to 9 Years	6.0%
10-14 Years	5.5%	15 to 19 Years	7.3%
20 to 24 Years	6.5%	25 to 29 Years	5.4%
30 to 34 Years	6.2%	35 to 39 Years	6.8%
40 to 44 Years	6.9%	45 to 49 Years	7.7%
50 to 54 Years	7.8%	55 to 59 Years	6.8%
60 to 64 Years	7.4%	65 to 69 Years	4.8%
70 to 74 Years	3.7%	75 to 79 Years	2.6%
80 to 84 Years	1.4%	85 Years and Over	1.4%

A significant percentage of community members are between the ages of 45 and 64.

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<sup>32</sup> United States Census Bureau. 2009-2013 American Community Survey 5-Year Estimates. 'Community Facts: Age and Sex'.  
<<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>>

The second most significant range, as shown in table 6, is between 15 and 19, or those in their high school years. Based on the information I gathered from my fieldwork interviews with both community members and health care professionals, certain age ranges are not currently being targeted in respect to interviewing residents or gathering data that would help illustrate their understanding of social capital and stigma within the community. While this chart indicates that a majority (56.2%) of the population is below the age of 45, they were not easily accessible to me. The community members I spoke with believe that the most appropriate approach in terms of health care might be to educate and change youth habits. However, the data presented from the United States Census Bureau, in combination with the data from the interviews, suggests that this may not be the case. This severely impacts community members' access to adequate health care and social networks, because efforts seem to be concentrated on those who already have the means. If the adults are limited in their access to health care and social networks, then what is the message taught to the younger residents of Cedar Springs, and how does that impact their future, socially, and economically? In order to better understand this complex relationship, I examine the roles that health care providers seemed to me to have in their patient's lives.

### Theme 3: Appointments with Health Care Professionals

I noticed that for many residents, doctors were almost viewed as being in the same category as outsiders: people seemed to distrust them, they strongly discouraged and disliked going to the doctor, and many interviewees recounted stories of nefarious and corrupt doctors. (I cannot discuss in any manner the reliability of these stories or the

doctors who they referenced). Based both on my conversations in the field and on the literature, there are three leading reasons for these views about doctors: difficulty in accessing medical practitioners (as noted earlier in this chapter), insufficient funds to pay for services, and lack of medical practitioners. As a result, I understood that many people forego attending doctor's appointments or wait until an issue has gotten severely out of hand and then seek medical attention – which by then is usually one to two hours away in a neighboring county.

When I spoke with local health care providers, they seemed to genuinely believe that they were making themselves available to their patients. Ashley spoke candidly and with pride of her colleagues, when she indicated that she believed they provided a different approach to medicine in the community:

You know overall I have to give myself and our providers kudos and even our clinical staff and a lot of this has to do with being of the area and the rootedness of it, we genuinely love and care for our patients so we want to try and meet any potential need. Whether it's an educational need, whether it's a cost issue, you know we want to try to provide them with everything they could possibly need and give them the best possible care you know that we can and education is something that doesn't cost anything, you know and they can read it at their leisure and they can apply it to their life in a manner in which suits them hopefully and you know kind of help them buy into it, taking ownership of their health and some of that too is with the type of establishment we are here to provide care to uninsured, underinsured, and also the underserved and in order to demonstrate that we are providing that population of people the best care we do need to give them education and we do need to counsel them and we do try to arrange periodic follow ups and measure their outcomes and demonstrate you know that we do provide really good care to this particular area or group of people per say



disproportionate and how cater to a particular disproportionate population who is not conflicting with people who do have private insurance or who do may have a lot of resources. (Interviewed January 23, 2014)

She was quoted earlier as saying that she and her colleagues call on the ‘knowability’ and social cohesiveness of their patients and the community to encourage them to be proactive with their health, so they do not ‘end up like their fathers’. Based on what I observed, this could potentially serve as an excellent strategy to encourage patients to take charge of their health, but what I witnessed were great difficulties in getting the patient to the clinic in the first instance. The working assumption seems to be that patients are easily able to access the clinics in town. However, this is not always true, and many of the community members are demonstrably geographically – and therefore, socially – isolated. Access to various social networks – such as fitness classes, decent grocery stores, varied medical specialists, and additional community members – can provide a heterogeneous array of social knowledge, thus exposing people to different concepts, techniques, and ways of thinking. Given that many of the residents that I met are isolated geographically, or marginalized financially, they lack the opportunity to establish these connections. No matter how diligent Ashley and her staff were, my impression was that they are still not able to help a majority of the community with access. This is, in fact, the same issue that the County Extension Office and other similar organizations experienced in establishing connections with the community.

Barbara described the patients with whom she comes into contact, and how they have approached their health care in the past:

It’s something that they never paid any attention to either because either maybe they were uneducated about certain

things or just maybe never had the opportunity to go to a lot of doctors or get these screenings done so I'm a little a bit of everywhere... we do promote quality health care close to home, that's our number one, quality health care close to home and you can have it in a small southeastern Kentucky region, it's just you have to find out where all of the resources are. And sometimes they are so covered up and it's just so challenging and so it's really frustrating to a lot of our folks. They come to me asking very simple questions and I can give them a resource, I can go ahead if they're having a problem maybe paying their heating bill, there is a program that helps with that, if they're diabetic, and they have problems affording the diabetic shoes, well there is a program that takes care of that and they are entitled to like one free pair of diabetic shoes a year. And it's covered and there are folks that actually come to our area and measure their foot and make sure. (Interviewed February 3, 2014)

She further states that she and her staff are proud of the renovations that they have made at the local hospital and forecasts how she might use this as an opportunity to educate people about their health:

We've built classrooms on, just things to entice and enhance our hospital so that we can be a state of the art hospital. I mean, you know, it's very important that we keep up with what is going on what is trending in the medical field, my job is to share some of that information with the community. To give them an opportunity to ask questions. When, while we are going through our renovations here at the hospital. I actually take easels and blue prints take it to the community and show them what's going on in our facility so that when they come and use our facility for some emergency treatment that they'll feel comfortable in doing so. (Barbara, Interviewed February 3, 2014)

According to Barbara and Ashley, efforts have been made to improve the health care system in Cedar Springs. But their efforts still do not address the issue of equal access for all community members. The success of these initiatives, as both indicated, is

predicated on community members traveling to the clinics, or on having the financial resources to engage in specific programs. In a community where the defining characteristic is community cohesiveness, then we should potentially be seeing more interaction with community members and stakeholders. And yet for some residents, the issue with the system and its improvement revolves around the type of care and the system overall. According to Lucinda and Martin, it is not the doctors that are not doing enough, nor is it the (lack of) involvement of the patients, but rather it is about the limitations set by external agencies and the state and federal governments.

Lucinda: it's not the doctors individually, it's the system of care, and that's what I'm struggling with the phrase that I'm struggling for where you are you have access to only a limited continuum of care and so the whole system in that sense is you take into account that the health disparities are so intense and the families that are seeking health care are so very sick, that it takes more than your traditional model of care

MJZ: What is your traditional model of care?

Lucinda: you go see your doctor you go in for your 15-minute checkup you get your medicine.. move on

Martin: specialties for a long, long time just were not here, they weren't here, a doctor would come by once a month or once every 2 weeks with a specialty, if you had a problem in between you had to go where the doctor was, Lexington, London, you were going to have to make a drive somewhere, a lot of people just didn't have the resources to do it ...it's not like your 20 minutes from your specialist like you would be able to do in Lexington.  
(Interviewed March 5, 2014)

Based on this kind of field data, where and with whom issues of access reside and how they might be resolved remains murky. Because of this complex and persistent question, and based on the data presented thus far, in order to interrogate it, we might explore the

placement of the health care system in Cedar Springs, and how it is potentially underutilized both by medical professionals and community members. Based on a conversation I had with Alicia, there are numerous financial and social opportunities that encourage young community members to attend college and stay within the community.

One thing that helps is uh, [Joe Smith] has a scholarship for kids I mean it's just a small scholarship it's like 500 dollars a semester and they um they'll give it to you for as long as you go to school but they do ask that you come back for a couple of years and contribute to your community so, that is, it's giving you but its asking that you come back and it's not only for kids that come out of high school it's for um like teachers that go back and want to um further their education and get a masters and that kind of thing so it promotes education for them to help them and keep them here too. (Interviewed March 20, 2014)

Barbara further illustrated the response from people outside of the community when she told me about taking her mother to Lexington for specialist care:

Well, I've had to straighten out several people in Lexington, especially doctors and their staffs. Health care, it irks me, to think because I live in southeastern Kentucky that I am oblivious to anything about medical, and I go there and I'll take my mother and she'll have an appointment, cause she has special there that she needs that aren't available in our region and so you know I'll take the day off, I'll go to Lexington I'll take her to the physician then they say well you know come back tomorrow....excuse me do you know it's 90 miles one way, oh well we didn't know, and it's January we're expecting a snow storm, but then again sometimes they just talk very condescending sometimes. (Interviewed February 3, 2014)

She continued by explaining how outsiders view residents of Cedar Springs, and how these stereotypes and prejudices keep her on guard:

And I said "I'm sorry, I'm spending my money here, and I can spend my money at another physician's office that

does not have that attitude”, and I’ve had to straighten out a few, and more than likely they are probably glad that I didn’t come back, but yet I just don’t like the fact that people from outside feel like this region is all stupid, and it just really bothers me because I have a little Southern twang at times that you know they think well I can tell her anything and she won’t know the difference. Billings for certain things, you know I’m educated, I read you know I understand and if I don’t understand I have the initiative to dig a little deeper and find out. (Barbara, Interviewed February 3, 2014)

Lucinda and Martin gave a bit more insight on the process of care that is used most often and how it is problematic in treating individuals:

Lucinda: what’s it called it’s not managed care, but uh, we’re only allowed certain elements of the continuum of care, so you have, you get sick and you hurt your back but it’s been going for a whole array of physical therapy and that sort of intervention you go straight to the medication management you go straight to the surgery, you go straight to the knife

Martin: you bypass the evaluations the physical therapy all those kinds of things

Lucinda: so you have a very truncated there’s a term for it where you’re only allowed certain elements of care cause and that’s all that we have, [it] goes we’re back to the allocation of resources. (Interviewed March 5, 2014)

### ***Discussion***

As a resident of a southern community, I can recall vividly at various points of my life how the southerner’s diet has been criticized. It was so for many reasons, but a consistent theme was that if people in the South did not change their diet then they would be setting themselves up to get diabetes. Diabetes is a complicated sociological disease, it is one that arguably has a strong genetic predisposition, but for many, its appearance is ingrained in society because of changing social dynamics. While in the

field, residents would claim that they have the health issues that they do because we live in fast-paced world – a microwave world. We demand things quickly. Life is arguably being lived at a quicker pace, and for residents of Cedar Springs, this might be a plausible cause for their health issues. However, what is not plausible, or dare I say acceptable, is the lack of access to adequate health care or health information. Cedar Springs is a community with strong kinship ties, they have strong networks within the community, and their bonding capital is some of the strongest I have ever seen. Unfortunately, due to their values on life, as it were, the changing pace of life, and removal of coal mining as the primary form of employment in the region, the value of holding onto ways of their forbearers is chipping away at the capital within the community.

Compounding this issue is the marginalization which is present, and a result from the other two objects examined in this study. Individuals who live closer to or in the hollows and those with insufficient employment or who are on government assistance do not have the access to health care in the same way as those who are closer to the center of town. The residents who live closer to the hollows invariably do not have the same resources as those who live in the center of town. As documented earlier in this chapter, Barbara has the capabilities of taking her mother to a town at around two hours away for specialist care; most of the other residents in the community do not have that option. According to Lucinda and Martin, specialist care, or even the choice between multiple doctors, is not available in the area; decades later there is still a lack. This project does not call for more specialists to be in rural areas such as Cedar Springs, rather the direction it asks the reader to look in is as the resources which are in the community that

can impact this need.

In conclusion, examining health care through the lens of a glucose meter suggests that inadequate health care affects an individual's access; and not just access to adequate health care, but the impact that has on an individual and how that dictates the lack of access that they have for other social networks. My data support findings from a study by Serrano, Lieferman and Dauber (2007), in that these kinds of health care inefficiencies should draw our attention to the resources that are intrinsic to communities, and which are not necessarily being utilized to their full extent. In doing this, we see the barriers created by both community members and agents in specific institutions. These barriers erode current opportunities for access and prevent the gestation of future opportunities. Health is an important component of an individual's life, and the quality of health affects their life experiences. It dictates, often indirectly, the home they live in, the types of relationships they have, their occupation, and their overall success and satisfaction with who they are and their place within society. Peyrot et al. (2006: 280) suggest that "chronic care should be collaborative", because "patient-provider collaboration can...affect diabetes outcomes", in a study that also illustrated that the United States has significantly higher barriers to health care (Peyrot et al. 2006: 284). Based on my own ethnographic data, this proves to be more problematic in a rural area, and arguably all the more necessary. Peyrot et al. (2009: 246-247) also argue that additional efforts are needed to ensure that diabetic patients receive adequate DSME (diabetic self- management education). I have tried to show, though, that this is not a responsibility placed entirely on the patient, but rather it also illustrates the social need for community collaboration.

I conclude that there might be a relationship, possibly a causal one, between resources and access. Regardless of the cultural attitudes that have been used to define the region prior to this study, my fieldwork data indicates that there is potentially a lack of resources and arguably an underutilization of those resources that currently do exist within the community. As noted in Chapter 5 in reference to the ‘welfare check’, many residents will forego their desire to earn degrees in certain fields because the current job market in Cedar Springs would not support certain choices. And, as noted in Chapter 4, residents also tend to be very rooted within the community, and this weighs heavily on a variety of social and economic decisions, including job placement. According to the chart detailing the age ranges of Cedar Springs’ residents, I think that there may be an untapped resource, which is to pursue a specialization in certain medical areas in order to serve their community.

Unfortunately, time limitations did not permit me to systematically explore how many medical professionals were from the community, and how many of them received these kinds of scholarships. But for residents who specialized and came back to the community, I noticed that they were held in high regard – when residents spoke about these community members it was as if they were talking about celebrities or even the president. One doctor in particular was known for giving back to the community. He is a native of Cedar Springs, his family name is well known in the area, and he came back to the community after obtaining his medical degree. His involvement with the residents and his dedication to the community seemed to me to be extraordinary. His medical office provides a ‘hometown’ feel with a specialized mindset, according to what patients told me. These are the two elements that Ashley and Barbara want for their community,



and they have achieved it to some degree. The issue is around why other community members have engaged in this? According to Schillinger et al. (2002: 475), “inadequate health literacy may contribute to the disproportionate burden of diabetes-related problems among disadvantaged populations”. Additionally, Serrano, Lieferman and Dauber (2007: 21) claimed that “cost-effective prevention efforts should incorporate physician education”. Based on my fieldwork interviews and observations, the disconnect between organizations (such as the clinics I visited) and community members, contributes to the creation of barriers to access.

Individual and communal social networks, I found, are not being fully utilized. Imagine Cedar Springs as a piece of fabric, with the community members as strands of fibers that run horizontally and vertically. Currently, the fabric is still usable for making a quilt, but over time it has become weak and worn. If something, such as a program or community-wide health initiative, were to pull those fibers tighter, then the fabric would retain a sharper, stronger, more malleable, yet resilient, shape. However, this becomes difficult when individuals pull away from the pieces of cloth, that is when they leave the region in search of health care. The community has a strong potentiality for not establishing a connection, or rapport, with health care professionals in other communities because they will not know them as well. Additionally, the community has been highly stigmatized for decades, and that impacts the ways in which they are treated in clinics outside of the community.

Earlier I noted that there are scholarship programs which encourage residents to return to the community after completing training, or once they obtain their degrees.

Additionally, a family of medical professionals who are from the community, have returned, and have provided resources in the community, have been held in high regard and their efforts have been successful. This is promising and illustrates that community members are receptive to this type of network. This allows community members to move away from the strong bonding capital that is so pervasive while establishing connections into networks founded in bridging capital.

What this means is that many of the values and behaviors found within Cedar Springs are so because this is how it has been done for several generations. They are so entrenched in the bonding capital which cements their values and behaviors, that when these are challenged either from changing society or outside agencies coming in. Or perhaps, it can be argued, that they push back when they do not have the access to adequate health care – that it is easier to remain ‘uneducated’ about one’s health when one does not have the access or resources to engage in behavior that would alleviate one’s situation. This is something that was seen when I was participating in the health initiative. Children were sent home with fresh fruits and vegetables because outside agencies and members of the community who are educated about good health practices and have the access and resources to engage in such behavior, ‘felt sorry’ for the children in the community who did not have these resources or access. Later on, members of the health initiative learned that some parents were throwing away the food their children were bringing home because they did not want to introduce them to something – such as a blueberry – and have the child like it, as the parent may not have the means to provide it for them.

Having access to adequate health care, specialists, and health education, as has

been illustrated in this chapter, is now commodified. Those who have the resources, networks, and means are able to tap into various other networks enabling them to take control of their health. Those who do not have this do not have control; the power to make choices has been taken away from them. What remains is a false sense of power, as is vividly illustrated in the anecdote about the health initiative and blueberries. Furthermore, this affects residents' agency. As a result, residents' ability to make choices and have access is compromised and for many of them, this is seen when they say 'I got the sugars': they just accept the state they are in. In the documentary (Sawyer 2009) detailed in this chapter, a gentleman chose to allow his health deteriorate to the point he became a charge of the state so he could get insurance. One must question whether in these kinds of situations, did this man, and others like him, really have a choice?

Stigma and social capital have a relationship which is illustrated in the glucose meter by individuals reading the community health of Cedar Springs in different manners. Individuals who do not have access to adequate health care, including medications and supplies, respond in various ways. For most of what I saw in Cedar Springs, residents showed a carefree, fatalistic attitude by stating that 'whatever happens, happens'. Upon further examination, residents would respond by claiming that they didn't know what to do because they didn't have access to appropriate health care professionals or they would be forced to make a decision between buying groceries or medicine. This all culminates into the health of a community such as Cedar Springs not being the most desirable as suggested by health care professionals. And, when residents seek medical care outside of their community they are met with disdain. Many residents

recalled health care professionals treating them as less than other patients because of where they came from; assumptions about their health and the access to health-related resources were based on the stigmatization of the individuals.

## **Chapter 7**

### **Conclusion**

Appalachia is a region noted for its breathtaking beauty, as well as some paramount social ills. In contemporary conversations we are still discussing the abject poverty and health concerns which plague the area. Furthermore, scholars, and the greater nation of America, are still coming to terms with how a region once known for its self-sufficiency is now known for its trans-generational ‘welfare dependency’. This project sought to examine the root cause for why some of these issues still remain in the region. In order to address that, an artifact-ethnography using three artifacts: home, ‘welfare check’, and glucose meter were used to examine social capital and stigma in the region. By drawing on scholars such as Robert Putnam, Pierre Bourdieu, and Erving Goffman, I examined the conversations that the artifacts cast and conclude that our current understanding of social capital needs to be more thoroughly examined. Adding to this, I suggest that what is missing from the literature, and was made present, was the impact that stigma has on the acquisition and utilization of social capital. I came to understand this in how the artifacts were ‘seen’ by residents within and outside of the community.

As previously discussed, since the discovery of Appalachia (Eller 1977) the rest of the United States has been struggling to understand what makes Appalachia so different and what sets it apart. What my data and the literature indicates is that the region has been plagued by individuals and groups entering into the region in order to prescribe remedies that they think will alleviate some of the social problems. What is actually occurring is that these problems have been exacerbated because there has been a

misreading of pertinent cultural artifacts and the operationalization of social capital. Because of this, Appalachia is continued to be seen as an ‘other’ through the perpetuation of stigma.

As was shown in the project, this study was primarily concerned with first understanding notions of Appalachian distinctiveness within the larger American context. What I showed earlier in the substantive chapters, Chapter 4-6, was that there was a particular transition around social mobility and how it transformed from being one of self-sufficiency to trans-generational ‘welfare dependency’. In order to show the interplay between social capital and stigma, I first introduced the community and region in Chapter 1. Here I introduced important literature and set the framework for which this project was constructed around. I detailed the current social problems which are found in the region and offered a timeline and causes for why these issues are in the region. In Chapter 2 I discussed key theoretical foundations which focused on Robert Putnam, Pierre Bourdieu, and Erving Goffman. I would now like to take a moment to reiterate some of the major theoretical points which were addressed in this project.

This project focuses on understanding aspects of social capital – bonding and bridging capital – to help understand, how if implemented correctly, it can assist in economic and social mobility for an individual or community. In order to accomplish this, I first drew on Putnam’s notion of social capital and his examination of how he argues that social capital has all but disappeared from American communities. I wanted to examine Putnam’s work because his explanation of social capital was precise; however, I disagree in his methods and his conclusion. Putnam evaluates social capital, primarily through formal group participation. He claims that Americans aren’t as

civically engaged as they once used to be. And for Putnam, civic engagement equates with higher amounts of social capital. I argued that while residents of Cedar Springs were not as formally involved as perhaps Putnam would suggest they be, they show high amounts of social capital – in particular bonding capital. I showed this through an examination and description of kinship and how this influences individuals' choices in regards to education, homes, and employment opportunities.

Putnam argues that in order to alleviate economic and social immobility, one must acquire and utilize bridging capital – the capital which helps you get ahead. For Putnam bridging capital is vital because it allows an individual to tap into a multitude of heterogeneous groups and therefore be privileged to tapping into different networks. What I showed in Chapters 4-6 is rather, what residents need to concentrate on is the building up of both bridging and bonding capital. What my data shows is that residents were not apt to have outsiders enter the community and 'tell them what to do' or 'what was wrong'. Additionally, I examined the presence of bonding capital, most notably how that is manifested through show kinship bonds, and how at times this may stifle acquisition and utilization of capital – most notably when stigma is present. Rather, what these chapters should show is that in order for community members to alleviate some of the issues that are affecting the community, they need to strive to have more of a balance. By this, I suggest that outside agencies and organization work cooperatively with members of Cedar Springs in order to positively utilize the strong bonding capital that they have. Currently, individuals within the community feel that the only way to address many of the social concerns is to have companies come in and create jobs; but the fear of outsiders coming into the community – or even individuals leaving the

community – stifles the creativity that could be used to transform how bonding capital is currently used.

Next I examined Bourdieu's notion of intra- and inter-generational mobility. I employed this notion to address the transference from self-sufficiency to dependency. Furthermore, I examined how bridging capital works within a historically marginalized community such as Cedar Springs, in order to utilize Bourdieu's argument on the role of social and cultural capital in the reproduction of inequality. By drawing on these notions, I examined how the region has transferred from being self-sufficient to dependent. In reviewing the reproduction of social inequality, as understood by Bourdieu, I argue that individuals within the community only reproduced the capital that they are exposed to. As a result, we see that the utilization and acquisition of social capital is often not encouraged to flourish because of the presence of stigma. Stigma impacts the reproduction of social inequality in that it prevents community members from gaining access to avenues which would allow them to acquire more social capital. I therefore employed notions by Bourdieu to better understand the social processes associated with trans-generational mobility, or trans-generational welfare dependency; and then I utilized Goffman's theorization of stigma to better understand how this impacts social status.

Lastly, I drew on Goffman's notion of stigma and how this impacts social capital. I argued that Goffman's notion of stigma assisted in understanding the transition from self-sufficient to dependent; particularly in how that process occurred through the artifacts. Goffman provided evidence that individuals are constantly engaging in a reflexive process in regards to the expectations individuals have of others in society.



When residents are engaging with artifacts that are ‘blemished’ by social standards, then individuals react and respond in very specific manners. An excellent example of this is when residents respond to the fear of the unknown by encouraging family members to stay close to home despite the failing economy.

Following the theoretical framework applied to the project, I then implored an in-depth examination of the artifacts in Chapters 4-6. In Chapter 4 I argued that the home, particularly the mobile home, is paradoxically mobile and immobile in regards to social and economic mobility and rootedness. Through an examination of the presence and location of the homes I argued that the home is used to stigmatize and marginalize individuals based on the appearance and location. I also argued that the home is a useful tool in understanding social inequality because the choice of home literally and figuratively roots individuals. Through this rooting process they also prevent access in acquiring or utilizing social capital.

In Chapter 5 I examined the ‘welfare check’ and how it has become an item which embodies the transition from self-sufficiency to dependence. I further employ the ‘check’ to show the reliance on government institutions and the breakdown of community trust. Furthermore, I used the ‘welfare check’ to understand structure and how structures have the ability to influence mobility – something that according to Bourdieu is noticeable throughout the generations in terms of access. In examining the ‘welfare check’ I challenged the notion that they are easy to acquire. In fact, what this project shows is that there is misconception of accessibility and universality in acquiring assistance.

Chapter 6 used the glucose meter to cast conversations in regards to health care

and access. By examining the glucose meter, I showed that for many community members reliable and affordable health care access is not available. As a result, many individuals forego health care and unfortunately suffer the consequences by succumbing to easily manageable diseases like diabetes. Due to the prevalence of certain diseases like diabetes within the community and the region, members are stigmatized. When community members attempt to access health care outside of the community, they are further met with stigma, insufficient health care, and no preventative measures.

This project employed an artifact-ethnography supplemented with formal interviews and participant observation to capture the lived experience of contemporary Appalachia. By using artifacts as a platform to discuss sensitive issues, members of the community felt at ease discussing real contemporary problems. Additionally, by employing an artifact-ethnography, this project cemented its place within the literature by giving a voice to community members. Furthermore, what this project has shown is that in order to understand the mechanisms of social capital in a contemporary community, particularly marginalized communities, we need to acknowledge the presence of stigma and how this impact the acquisition and utilization of social capital. In doing this we allow social capital to be seen as a tool which can assist communities in addressing pressing social issues.

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## **Appendix**

## **Interview List**

Interview with Shawn. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. November 16, 2013.

Interview with Danni. Conducted by Mariah Jade Zimpfer. Tape Recording. Houston, Texas. January 11, 2014.

Interview with Carl. Conducted by Mariah Jade Zimpfer. Tape Recording. Houston, Texas. January 14, 2014.

Interview with Crystal. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. January 22, 2014.

Interview with Ashley. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. January 23, 2014.

Interview with Sean. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. January 29, 2014.

Interview with Caroline. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. January 29, 2014.

Interview with Larry. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. January 30, 2014.

Interview with Barbara. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. February 3, 2014.

Interview with Angela. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. February 4, 2014.

Interview with Richard. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. February 6, 2014.

Interview with Margaret. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. February 18, 2014.

Interview with Abby. Conducted by Mariah Jade Zimpfer. Tape Recording. Hazard, Kentucky. February 24, 2014.

Interview with Royce. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. February 26, 2014.

Interview with Kellen. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. February 27, 2014.

Interview with Darlene and Dave. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. February 28, 2014.

Interview with Brent. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 1, 2014.

Interview with Lucinda and Martin. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 5, 2014.

Interview with Carissa. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 4, 2014.

Interview with Laura. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 11, 2014.

Interview with Scott. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 11, 2014.

Interview with John. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 11, 2014.

Interview with Megan. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 11, 2014.

Interview with Donald. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 12, 2014.

Interview with Thomas. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 18, 2014.

Interview with Eric. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 18, 2014.

Interview with Edgar. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 19, 2014.

Interview with Patrick. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 19, 2014.

Interview with Katrina. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 19, 2014.

Interview with Alicia. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 20, 2014.

Interview with Denita. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 20, 2014.

Interview with Tasha. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 21, 2014.

Interview with Mary. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 21, 2014.

Interview with Andrew. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 22, 2014.

Interview with Pete and Sally. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 22, 2014.

Interview with Walter. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 24, 2014.

Interview with Matthew and Krystal. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 25, 2014.

Interview with Hugh. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 25, 2014.

Interview with Howie. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 26, 2014.

Interview with Esther. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 26, 2014.

Interview with Antonio and Kelly. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky.

March 30, 2014.

Interview with Will. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. March 31, 2014.

Interview with Wilson. Conducted by Mariah Jade Zimpfer. Tape Recording. Jackson, Kentucky. April 1, 2014.



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Date: \_\_\_\_\_

**“Identity and Marginalization in Contemporary Appalachia”**

Dear Participant,

I am inviting you to take part in a research project that is being conducted for the completion of a doctoral dissertation in the Department of Sociology at the University of Edinburgh. Information has been provided in part I of this leaflet to outline the purpose of the research, how the data gathered will be utilized, identify what your role in the project is if you consent to participating, and contact information for the Department of Sociology and the supervisors of this project. Part II gives you more detailed information about the project in whole. Please ask if there is anything that is not clear or if you would like more information. Thank you for considering my invitation.

**Part I WHY IS THIS STUDY BEING CONDUCTED?** This research project will be examining the correlation between identity and marginalization in contemporary Appalachia and the methods in which it is employed. Appalachia has been revered as a region in the United States steeped in culture and rich in heritage. Many generations have maintained the unique identity of the region. However, the region still remains understood and the perception of the region has resulted in numerous agencies employing different tactics to assist the region in cultural and economic affairs. This study aims to unearth a concrete and agreeable identity among the Appalachian people and establish a profitable conversation between Appalachians and outsiders.

If this information has interested you and you are thinking about taking part, please read the additional information in Part II before making any decisions.

**WHAT DOES THE STUDY INVOLVE?** The study involves collecting interviews with individuals and taking pictures within various areas of the Appalachian community.

**DO YOU HAVE TO TAKE PART?** You have been selected because of your expertise within this field of study. Because of this, you know or have access to individuals who

will be able to provide information to the greater population by providing information which can not be found elsewhere. However, if for any reason you decide that you do not wish to participate, then you are not required to schedule an interview and you may decline to have your picture taken.

**CAN YOU WITHDRAW?** Absolutely! At any time or for any reason, which you do not have to disclose to myself or the research team, you may withdraw from participating in the study.

## Part II

**WHO WILL BE DOING THE RESEARCH AND WHERE WILL IT BE DONE?** I will be conducting and overseeing the coding of the interviews. At this time there are only three individuals who will come in contact with any part of the study; they are myself, my two supervisors: Dr. Liliana Riga and Dr. James Kennedy.

**CONFIDENTIALITY** No information that can connect you with your interview will be paired together. Your interview will be assigned a random number; all transcripts and correspondence will be known by this number and nothing else. Once the study is completed all interview tapes will be destroyed.

**WHAT HAPPENS NEXT?** If you decide to participate in this study, please contact me via email or telephone and we will begin the process of scheduling an appointment so that you may be interviewed. If you have any questions or concerns at any time, please feel free to contact me or one of my supervisors. Additionally, the information gained in this project will be given back to the community. For example, pictures and transcripts may be given to the library archives, or if you have any suggestions in how the project may contribute to the community, please email me. Thank you.

Sincerely,

Mariah Jade Zimpfer  
Primary Investigator  
mjadez@gmail.com  
713-894-9946

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MsC Nationalism Studies  
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Date \_\_\_\_\_

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+44 (0)131 650 4001  
email: sociology.enquiries@ed.ac.uk

### **Consent Form for “Identity and Marginalization in Contemporary Appalachia”**

Thank you for your participation in the project “Identity and Marginalization in Contemporary Appalachia”. This is an excellent opportunity for you to provide valuable information in helping to understand the Appalachian culture. Additionally, the information that you provide will be given back to your community. I encourage you to inform me of any ways that you think this project could give back to the community and I would gladly like to work with you in doing that.

By signing this consent form you agree to participate in the project, understand that you will remain anonymous, and are able to withdraw at any time. If you wish to continue with the project, please fill out the form below. If you have any questions or comments, please feel free to email the project coordinator, Jade Zimpfer at [mjadez@gmail.com](mailto:mjadez@gmail.com). Thank you.

There are no foreseeable risks or dangers involved in participating in this research, and participants can stop or withdraw from the research at any time.

I, \_\_\_\_\_ understand the information above and so consent to take part in this research project.

Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

I, \_\_\_\_\_ am giving person to Mariah Jade Zimpfer to use any photographs taken for the purpose of the project.

Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

February 28, 2014

I, Stephanie Vasquez, agree to keep all information acquired while transcribing files for Mariah Jade Zimpfer confidential. I understand that the conversations that have been recorded may contain sensitive information and therefore will not be shared with anyone else other than Mariah Jade Zimpfer. I also agree to destroy all evidence, erasing the audio recordings and deleting the typed documents, after I have finished transcribing them and have sent the documents to Mariah Jade Zimpfer.

Signature \_\_\_\_\_



University of Edinburgh,  
School of Social and Political Studies  
RESEARCH AND RESEARCH ETHICS COMMITTEE



## Self-Audit Checklist for Level 1 Ethical Review

The audit is to be conducted by the Principal Investigator, except in the following cases:

- Postdoctoral research fellowships – the applicant in collaboration with the proposed mentor.
- Postgraduate research (PhD and Masters by Research) – the student together with the supervisor.  
Note: All research postgraduates should conduct ethical self-audit of their proposed research as part of the proposal process. The audit should be integrated with the student's Review Board.
- Taught Masters dissertation work and Undergraduate dissertation/project work – in many cases this would not require ethical audit, but if it does (for example, if it involves original fieldwork), the student conducts the audit together with the dissertation/project supervisor, who keeps it on file.

### Potential risks to participants and researchers

- 1 Is it likely that the research will induce any psychological stress or discomfort?  
YES ☐ NO ☒
- 2 Does the research require any physically invasive or potentially physically harmful procedures?  
YES ☐ NO ☒
- 3 Does the research involve sensitive topics, such as participants' sexual behaviour or illegal activities, their abuse or exploitation, or their mental health?  
YES ☐ NO ☒
- 4 Is it likely that this research will lead to the disclosure of information about child abuse or neglect, or other information that would require the researchers to breach confidentiality conditions agreed with participants?  
YES ☐ NO ☒
- 5 Is it likely that participation in this research could adversely affect participants?  
YES ☐ NO ☒
- 6 Is it likely that the research findings could be used in a way that would adversely affect participants or particular groups of people?  
YES ☐ NO ☒
- 7 Will the true purpose of the research be concealed from the participants? YES ☐ NO ☒
- 8 Is the research likely to involve any psychological or physical risks to the researcher, and/or research assistants, including those recruited locally? YES ☐ NO ☒

### Participants

- 9 Are any of the participants likely to:  
be under 18 years of age? YES ☐ NO ☒  
be physically or mentally ill? YES ☐ NO ☒

- have a disability? YES ☐ NO ☒
- be members of a vulnerable or stigmatized minority? YES ☐ NO ☒
- be in a dependent relationship with the researchers? YES ☐ NO ☒
- have difficulty in reading and/or comprehending any printed material distributed as part of the research process? YES ☐ NO ☒
- be vulnerable in other ways? YES ☐ NO ☒

- 10 Will it be difficult to ascertain whether participants are vulnerable in any of the ways listed above (e.g. where participants are recruited via the internet)? YES ☐ NO ☒
- 11 Will participants receive any financial or other material benefits because of participation, beyond standard practice for research in your field? YES ☐ NO ☒

Before completing the next sections, please refer to the University Data Protection Policy to ensure that the relevant conditions relating to the processing of personal data under Schedule 2 and 3 are satisfied. Details are Available at: [www.recordsmanagement.ed.ac.uk](http://www.recordsmanagement.ed.ac.uk)

#### Confidentiality and handling of data

- 12 Will the research require the collection of personal information about individuals (including via other organisations such as schools or employers) without their direct consent? YES ☐ NO ☒
- 13 Will individual responses be attributed or will participants be identifiable, without the direct consent of participants? YES ☐ NO ☒
- 14 Will datafiles/audio/video tapes, etc. be retained after the completion of the study (or beyond a reasonable time period for publication of the results of the study)? YES ☒ NO ☐
- 15 Will the data be made available for secondary use, without obtaining the consent of participants? YES ☐ NO ☒

#### Informed consent

- 16 Will it be difficult to obtain direct consent from participants? YES ☐ NO ☒

#### Conflict of interest

The University has a 'Policy on the Conflict of Interest', which states that a conflict of interest would arise in cases where an employee of the University might be "compromising research objectivity or independence in return for financial or non-financial benefit for him/herself or for a relative or friend." See: [http://www.docs.csg.ed.ac.uk/HumanResources/Policy/Conflict\\_of\\_Interest.pdf](http://www.docs.csg.ed.ac.uk/HumanResources/Policy/Conflict_of_Interest.pdf)

Conflict of interest may also include cases where the source of funding raises ethical issues, either because of concerns about the moral standing or activities of the funder, or concerns about the funder's motivation for commissioning the research and the uses to which the research might be put.

The University policy also states that the responsibility for avoiding a conflict of interest, in the first instance, lies with the individual, but that potential conflicts of interest should always be disclosed, normally to the line manager or Head of Department. Failure to disclose a conflict of interest or to cease involvement until the conflict has been resolved may result in disciplinary action and in serious cases could result in dismissal.

17 Does your research involve a conflict of interest as outlined above? YES ☐ NO ☒

## Overall assessment

If all the answers are NO, the self audit has been conducted and confirms the ABSENCE OF REASONABLY FORESEEABLE ETHICAL RISKS. The following text should be emailed to the relevant person, as set out below:

"I confirm that I have carried out the School Ethics self-audit in relation to [my / name of researcher] proposed research project [name of project and funding body] and that no reasonably foreseeable ethical risks have been identified."

- Research grants– the Principal Investigator should send this email to the SSPS Research Office (ssps.research@ed.ac.uk) where it will be kept on file with the application.
- Postdoctoral research fellowships – the Mentor should email the SSPS Research Office (ssps.research@ed.ac.uk) where it will be kept on file with the application.
- Postgraduate research (PhD and Masters by Research) – there is no need to send the Level 1 email. The ethical statement should be included in the student's Review Board report.
- Taught Masters dissertation work and Undergraduate dissertation/project work – there is no need to send the level 1 email. The dissertation supervisor should retain the ethical statement with the student's dissertation/project papers.

If one or more answers are YES, risks have been identified and level 2 audit is required. See the School Research Ethics Policy and Procedures webpage [http://www.sps.ed.ac.uk/admin/info\\_research/ethics](http://www.sps.ed.ac.uk/admin/info_research/ethics) for full details.